



The 2016



Los Angeles Mommy & Baby
Project

Follow-up Survey

*Your Voice,
Your Experiences,
Our Healthy Mommies & Toddlers*



For more information, or to complete the survey by telephone, please call
the LAMB staff toll-free at 1.866.706.LAMB (1.866.706.5262)

Important Information about LAMB FollowUp Survey Please Read Before You Begin the Survey

- The Los Angeles Mommy and Baby Follow-Up Project (LAMB Follow-Up) is a project sponsored by the Los Angeles County Department of Public Health, Maternal, Child, and Adolescent Health Programs.
- You were selected because you responded to our 2014 LAMB survey. We are asking all mothers selected to answer the same questions.
- It's your choice whether or not to do the survey. Whether or not you answer the survey will not affect your health care, immigration status, or any benefits you may be receiving. You can skip questions you don't want to answer.
- If you choose to do the survey, your answers will be kept private to the extent allowed by law and will be used only for the study. By returning the completed survey to us, you are consenting to participate in the LAMB Follow-Up Project.
- Your answers will be linked to the survey responses that you provided in the 2014 LAMB so we can track how you and your 2 year old are doing now.
- Your answers will be grouped with those from other women. What we learn from this survey will be used to help mothers and babies in Los Angeles County.
- This is an ongoing study. We will keep your name and contact information so that we can contact you in a few years about participating in a follow-up study.

**If you have questions about LAMB Follow-Up
or if you want to answer the questions by telephone,
please call 1-866-706-LAMB (1-866-706-5262) or via email
at lamb2@ph.lacounty.gov.**

Frequently Asked Questions about LAMB Follow-Up Survey

What is LAMB Follow-Up Survey?

The Los Angeles Mommy and Baby (LAMB) Follow-Up Survey is a project sponsored by the Los Angeles County Department of Public Health. You may remember that we sent you a survey back in 2014 to ask about you and your baby. Now that your baby is about 2 years old, we are sending a survey to you to find out how you and your two-year-old are doing. If your child is no longer living with you, your answers will still help us learn more about ways to improve programs and services for future mothers and children in Los Angeles County.

How was I chosen to participate in LAMB Follow-Up Survey?

LAMB Follow-Up Survey is sent only to women who previously responded to our LAMB survey in 2014. Therefore, you are one of a number of women in Los Angeles County who were chosen to help us in this study.

Why should I participate in this survey?

Currently, Los Angeles County has no complete information linking the health of mothers, infants, and preschool age children. We need your help to get better information on health-related behaviors of young children and their mothers in Los Angeles County. To get a better overall picture of the health of mothers and young children in Los Angeles County, we need each mother selected to answer the questions in the survey. From the information you give us, we may be able to improve services for women, infants, children, and families in Los Angeles County. Your help is very important to the success of our project.

What if I don't want to participate?

If you do not wish to participate, and be contacted in the future, please feel free to let us know by calling us at 1-866-706-LAMB (1-866-706-5262) or via email at lamb2@ph.lacounty.gov.

Will the information I provide via this survey be shared?

All your answers will be kept private. We will group your answers with those of other mothers just like you.

What kind of questions will I be asked?

We ask questions about you and your two-year-old's health. Some questions may not seem to be related to your and your baby's health. Other questions may be personal. You and your toddler's experiences are unique and important. By sharing your information, you can help other mothers, toddlers, and families in Los Angeles County. Please remember that all your answers will be kept private. Your answers to each and every question are very important to us.

How long does the survey take?

The survey usually takes about 20 minutes to complete. If you would like to do the survey over the phone, it takes about 35 to 40 minutes.

Some of the questions do not seem related to health—why are they asked?

Many things in the life of a child or mother may affect overall family health and well-being. These questions try to provide a more complete picture of the health of mothers and children and things that are happening to them.

Can I respond to this survey via phone?

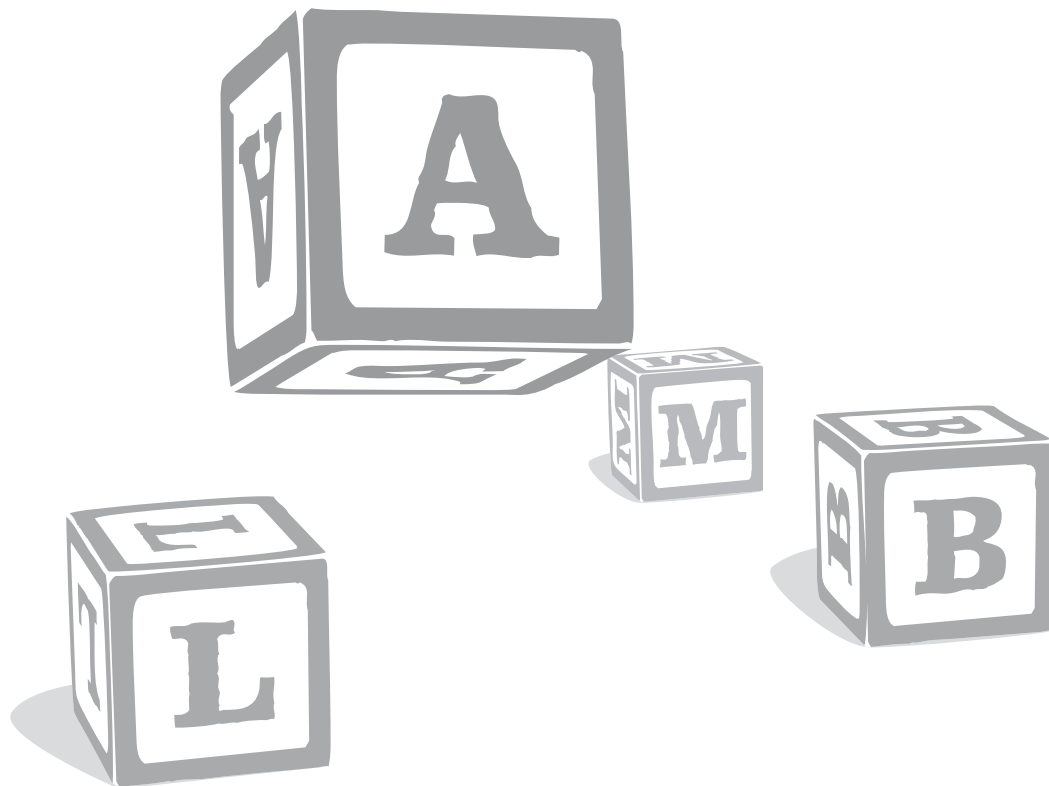
If you prefer to complete the survey on the telephone, please call us at 1-866-706-LAMB (1-866-706-5262).

Will I receive results of the survey?

If you would like us to send you the results of the survey, please tell us in the comments section at the end of the survey.

What if I want to ask more questions about LAMB Follow-Up Survey?

We will be happy to answer any other questions that you may have about LAMB Follow-Up Survey. Please call us at 1-866-706-LAMB (1-866-706-5262), or email at lamb2@ph.lacounty.gov.



Today's Date

____ / ____ / ____
Month Day Year

Your Date of Birth

____ / ____ / ____
Month Day Year

In this first part of the survey, we would like to ask some questions about YOU, your health and well-being, and how you feel.

The following questions are about your health insurance, medical history and health status.

1. Do you have health insurance **now**?

- Yes 1
- No 0 → **GO TO QUESTION 5**

2. If yes, what kind of health insurance?

- Medi-Cal or Healthy Way LA 1
- Health insurance from a job (yours or your husband's/partner's) 2
- Health insurance purchased from Covered California. 3
- Health insurance purchased **not** from Covered California or a job 4
- Military (TRICARE) or Veterans Health Administration (VA) 5
- Other 6

Please tell us: _____

I don't know. 89

3. How much is your health insurance premium every **month**?

- Less than \$100 1
- \$100 to \$299 2
- \$300 to \$499 3
- \$500 to \$999 4
- \$1,000 or more 5
- I don't know 89

4. How many people in your family are covered by this premium?

- Just myself 1 } **GO TO QUESTION 6**
- OR _____ people

5. If no, what are the reasons that you do not have health insurance?

- I choose to pay a tax penalty, because the premium is too high. 1
- I choose to pay a tax penalty, because of personal reasons/moral beliefs. 2
- I am exempt from individual mandate. 3
- I don't qualify for any health insurance program. 4
- I am in the process of applying or waiting for approval 5
- Other 6

Please tell us: _____

6. How many cigarettes do you smoke on an average day **now**? (A pack has 20 cigarettes.)

- I don't smoke 1
- Less than 1 cigarette 2
- 1 to 5 cigarettes 3
- 6 to 10 cigarettes. 4
- 11 to 20 cigarettes. 5
- 21 to 40 cigarettes. 6
- 41 cigarettes or more. 7

7. Do you use any of the following tobacco/nicotine products? **YES NO**

- a. E-cigarettes. 1 0
- b. Vapes. 1 0
- c. Chewing tobacco 1 0
- d. Nicotine patch. 1 0
- e. Other 1 0

Please tell us: _____

8. During the **past 30 days**, how many times did you drink 4 alcoholic drinks or more in a two hour time span?

- 4 or more times. 1
- 3 times 2
- 2 times 3
- 1 time 4
- I didn't have 4 drinks or more in a 2 hour time span. 5

9. In the **past 12 months**, have you ever felt the need to cut down on drinking alcohol?

- Yes 1
- No 0

10. Since your two-year-old was born, did you have any of these problems? **Check all that apply.**

- Depression 1
- Anxiety 2
- High blood pressure (hypertension) 3
- High blood sugar (diabetes not related to pregnancy) 4
- Anemia (poor blood, low iron) 5
- Heart problems. 6
- Problems with your gums or teeth 7
- Asthma 8

11. How much do you weigh **now**?

_____ lbs. **OR** _____ kg

12. What do you think about your weight?

Check one answer.

- I am underweight 1
- I am about the right weight. 2
- I am overweight 3

13. In the **past month**, how many days a week did you get at least 30 minutes of physical activity or exercise? (For example, walking for exercise, swimming, cycling, dancing, or gardening.)

Do not count exercise you may have done as part of your regular job.

- I do not exercise. 1
- Less than 1 day per week 2
- 1 to 2 days per week 3
- 3 to 4 days per week 4
- 5 or more days per week. 5

14. How do you rate your health in general?

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

The next questions are about things that may have happened to you in the past 12 months.

15. In the **past 12 months**, have any of the following things happened to you? Check **Yes** if it did or check **No** if it did not. **YES NO**
- a. A close family member was very sick and had to go into the hospital 1 0
 - b. I got separated or divorced from my husband or partner 1 0
 - c. I moved to a new address 1 0
 - d. I was homeless 1 0
 - e. My husband or partner lost his job . . . 1 0
 - f. I lost my job even though I wanted to go on working 1 0
 - g. I argued with my husband or partner more than usual. 1 0
 - h. I had a lot of bills I could not pay . . 1 0
 - i. I was in a physical fight. 1 0
 - j. My husband or partner or I went to jail 1 0
 - k. Someone very close to me had a problem with drinking or drugs. . . 1 0
 - l. Someone close and important to me died 1 0
 - m. I was in a car accident 1 0
 - n. I delayed paying or was not able to pay my mortgage or rent 1 0
 - o. Other serious events happened during last 12 months 1 0

Please tell us: _____

16. Below is a list of feelings and experiences that women sometimes have. For **2 weeks or longer** during the **past 12 months**, did you: **YES NO**
- a. Feel sad, empty, or depressed for most of the day? 1 0
 - b. Lose interest in most things like work, hobbies, and other things you usually enjoyed? 1 0

17. In the **past 12 months**, was there any time you needed to see a doctor or nurse for you own medical care but didn't go because you couldn't afford to pay for it?
- Yes 1
 No 0

18. In the **past 12 months**, has a doctor, nurse or other health care or mental health worker talked to you about depression or how you are feeling emotionally?
- Yes 1
 No 0

19. In the **past 12 months**, how often have you felt overwhelmed by the demands of your child or children?
- Never 1
 Rarely 2
 Sometimes 3
 Usually 4
 Always 5

20. For each of the following statements, check **Yes** if it applies to you now or check **No** if it does not. **YES NO**
- a. I have steps I can take to manage stress 1 0
 - b. I feel comfortable asking for help when I need it 1 0
 - c. I am confident in my ability to raise and take care of my child 1 0
 - d. I know where to go for parenting information or if I have questions or concerns about my child's development 1 0
 - e. I have a spiritual practice routine . . 1 0

21. Below is a list of statements dealing with your feelings about yourself in the **past 12 months**. For each item below, choose one from the following:

- | | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
|-------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. I feel that I'm a person of worth, at least on an equal plane with others. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. I am able to do things as well as most other people. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. On the whole, I am satisfied with myself. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. I have little control over the things that happen to me. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. There is really no way I can solve some of the problems I have. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Sometimes I feel that I am being pushed around in life. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. I can do just about anything I really set my mind to do. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

The next questions are about support that you may have in raising your two-year-old.

22. In the **past 12 months**, did the father of your two-year-old or your partner do any of the following for you? **YES NO**
- a. Gave me money or bought things for me. 1 0
 - b. Helped me in other ways, such as taking me and my two-year-old to the doctor or helping with chores . . . 1 0
 - c. Gave me emotional support 1 0
23. Overall, how satisfied were you with the support given by your two-year-olds father in raising him/her? **Check one answer.**
- Not at all satisfied 1
 - Somewhat dissatisfied 2
 - Neither dissatisfied nor satisfied (neutral) . . . 3
 - Somewhat satisfied 4
 - Very satisfied 5
 - Not applicable 6
24. In the **past 12 months**, would you be able to get these kinds of support, if you needed them? **YES NO**
- a. Someone to loan me \$50 1 0
 - b. Someone to help me if I were sick and needed to be in bed 1 0
 - c. Someone to take me to the clinic or doctor if I needed a ride 1 0
 - d. Someone to give me a place to live . 1 0
 - e. Someone to help me with babysitting or child care 1 0
 - f. Someone to help me with household chores 1 0
 - g. Someone to talk to about my problems 1 0

25. During your two-year-old's **first year**, did a health care worker such as a nurse, or social worker visit your home to provide information about parenting him/her?

- Yes 1
- No 0 → **GO TO QUESTION 27**

26. If yes, how **often** did the health care worker come to your home?

- Just once 1
- Just two to three times 2
- At least once a week 3
- Two to three times a month 4
- Once a month 5
- Once every other month 6
- I don't remember 89

The next questions are about family planning practices and new pregnancies after your two-year-old was born.

27. Are you or your husband or partner doing anything **now** to keep from getting pregnant?

- Yes 1
- No 0 → **GO TO QUESTION 29**

28. What are you or your husband or partner doing **now** to keep from getting pregnant? **Check all that apply.**

- Pill 1
- Condoms 2
- Shots (Lunelle® or Depo-Provera®) 3
- Patch (OrthoEvra®) 4
- Rhythm method or natural family planning 5
- Withdrawal (pulling out) 6
- Vaginal ring (Nuva Ring®) 7
- IUD (Mirena® or ParaGard®) 8
- Nexplanon® (etonogestrel implant) 9

- Tubal Ligation 10
- Vasectomy 11
- Not having sex 12
- Other 13

Please tell us: _____

29. How many times have you been pregnant **after** the birth of your two-year-old? **Please include ALL pregnancies, even those that were miscarried or aborted.**

_____ Times **IF ZERO, GO TO QUESTION 31**

What were the results of the pregnancies? **Check all that apply.**

- I am still pregnant 1
- I gave birth to a baby 2

Baby's birthday:
_____/_____/20____
Month / Day /Year

- I had a miscarriage 3
- I had an abortion 4

30. Thinking back to just before you got pregnant again **after** your two-year-old, how did you feel about becoming pregnant? **Check one answer.**

- I wanted to be pregnant sooner 1
- I wanted to be pregnant later 2
- I wanted to be pregnant then 3
- I didn't want to be pregnant then or at any time in the future 4

31. What is the highest level of school you completed?

- 8th grade or less 1
- 9th – 12th grade, no diploma 2
- Completed high school or GED 3
- Some college 4
- Completed college 5
- Master's degree or higher 6

The next section is about your two year old child who was born in 2014.

32. Is your two-year-old alive **now**?

- Yes 1
- No 0

If your child is no longer alive, we are truly sorry about your loss and extend our sympathy to you and your family. The answers you provide are especially important and could help us learn about ways to improve the health and safety of children in the future.

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

- Yes 1
- No 0

34. How tall is your child?

_____ feet _____ inches **OR** _____ cm

35. How much does your child weigh?

_____ lbs **OR** _____ kg

The next questions are about breastfeeding since your two-year-old was born, and nutrition and physical activity for your two-year-old.

36. When your baby was **six months** old, what were you feeding him or her? **Please check all that apply.**

- Breastmilk 1
- Formula. 2
- Other liquids (like ice, milk or water) 3
- Food (like cereal, baby food, or mashed up food the family eats. 4

37. When your baby was **12 months** old, what were you feeding him or her? **Please check all that apply.**

- Breastmilk 1
- Formula. 2
- Other liquids (like ice, milk or water) 3
- Food (like cereal, baby food, or mashed up food the family eats. 4

38. During the **first 12 months**, which of the following helped you to continue breastfeeding your two year-old for as long as you did? **Check all that apply.**

- Support from friends and family. 1
- Support from my employer. 2
- Support from a health care provider 3
- Convenience to me 4
- Cost savings. 5
- Benefits to my child. 6
- Benefits for myself. 7
- My own commitment to breastfeed 8
- My baby was not ready to stop breastfeeding 9
- Other 10

Please tell us: _____

39. How old was your two-year-old when he/she completely stopped breastfeeding?

- Less than one month . 0
_____ months old
- Still breastfeeding . . . 1 → **GO TO QUESTION 41**

40. What were your reasons for stopping breastfeeding? **Check all that apply.**
- I felt it was the right time to stop breastfeeding 1
 - My primary health care provider told me to stop 2
 - I went back to work or school 3
 - There was no place to pump or feed my child at work/school 4
 - My child weaned himself/herself 5
 - My child became sick and could not breastfeed 6
 - I wanted or needed someone else to feed my child 7
 - My child's teeth came in 8
 - My child seemed too old to breastfeed . . . 9
 - I became sick and could not breastfeed . . 10
 - I thought my child was not gaining enough weight. 11
 - Other 12

Please tell us: _____

41. Did the employer you worked for **during** your pregnancy inform you of your right to take paid maternity leave?
- Yes, but I didn't take any paid leave. 1
 - Yes, but I was not eligible for the leave. . . . 2
 - Yes, and I took paid leave 3
 - No, my employer did not have such a policy 4
 - Not sure 5
 - I did not have a job 6

42. Did the employer you worked for **during** your pregnancy have a policy of providing unpaid maternity leave with a guarantee that you could return to your job or a similar one?
- Yes, but I didn't take any unpaid leave 1
 - Yes, but I was not eligible for the leave. . . . 2
 - Yes, and I took unpaid leave 3
 - No, my employer did not have such a policy 4
 - Not sure 5
 - I did not have a job. 6

43. Did your employer offer you lactation accommodation at the workplace?
- Yes 1
 - No 0
 - I did not have a job 2

44. Has your child's doctor expressed concern that your child's weight is:
- Too much 1
 - Just right 2
 - Too little 3
 - Don't know 89
 - My doctor has not expressed concern about my child's weight 4

45. How many days in a typical week does your two-year-old eat each of the foods listed below? **Circle the number of days.**
- Fresh, canned, or frozen vegetables other than potatoes. . . .0 1 2 3 4 5 6 7 days
 - French fries0 1 2 3 4 5 6 7 days
 - Fresh or frozen fruit0 1 2 3 4 5 6 7 days
 - Canned fruit.0 1 2 3 4 5 6 7 days
 - Candy, cookies or other sweets0 1 2 3 4 5 6 7 days

46. How many days in a typical week does your two-year-old drink the following drinks?
Circle the number of days.

- Whole milk. 0 1 2 3 4 5 6 7 days
- Low-fat or non-fat milk. .0 1 2 3 4 5 6 7 days
- Soy milk or almond milk .0 1 2 3 4 5 6 7 days
- 100% fruit juices0 1 2 3 4 5 6 7 days
- Fruit drinks or Kool-Aid. .0 1 2 3 4 5 6 7 days
- Soda pop. 0 1 2 3 4 5 6 7 days
- Plain water. 0 1 2 3 4 5 6 7 days
- Sports drinks (like Gatorade or PowerAde)0 1 2 3 4 5 6 7 days

47. On an average day, about how many hours does your two-year-old usually watch TV, videos or play computer/video games including using iPod, iPhone, iPad, smartphone, or tablet?

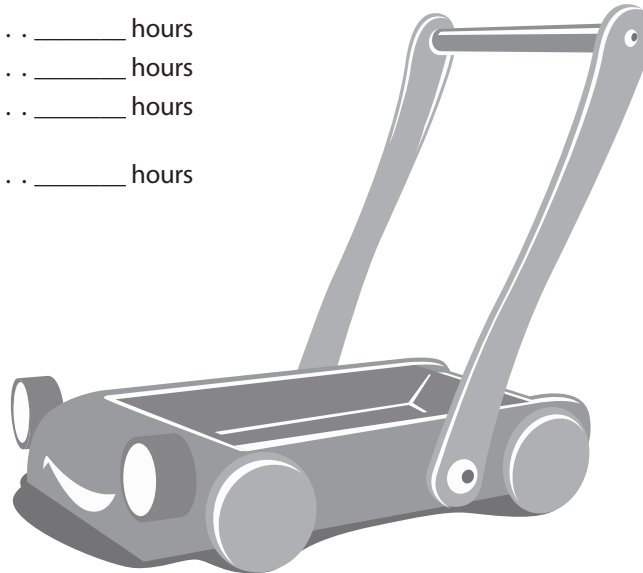
- Don't own a television, game system, computer, iPod, iPhone, iPad, smartphone, or tablet. . 1
- More than zero, less than one hour per day 2
- _____ Hours total per day

How many hours for each of the following devices:

- a. TV: _____ hours
- b. Video game: _____ hours
- c. Computer: _____ hours
- d. iPod, iPhone, iPad, smartphone, or tablet: _____ hours

48. On a typical day, how much total time does your two-year-old spend in physically active play? (This includes organized play that is led by an adult, as well as unorganized play, such as playing outside, climbing, running, riding a tricycle.)

- Less than 30 minutes per day. 1
- 30 minutes to less than 1 hour per day . . . 2
- 1 hour to 2 hours per day 3
- More than 2 hours per day 4
- Does not spend any time in physical play. . 5



The next questions are about safety for your two-year-old and the neighborhood that you live in.

49. Please check **Yes** if you do any of the following in your home. Otherwise, check **No**. **YES NO**

- a. An adult always watches my child while he/she is in the bathtub 1 0
- b. Swimming pools, ponds, irrigation ditches, stock tanks, or canals on my property are protected by fences . . 1 0
- c. The batteries in my smoke detector are checked at least twice a year . . 1 0
- d. Medicines, vitamins, and cleaning supplies are stored in a child proof place 1 0
- e. Safety caps cover all unused electrical outlets 1 0
- f. A working carbon monoxide detector is on each level of my home 1 0
- g. TVs and bookcases are bolted to the walls 1 0
- h. The number for Poison Control is on or near the phone at all times . . . 1 0
- i. I have taken a class in infant or toddler CPR or first aid in the last year 1 0

50. The following questions ask about your home environment. Please check **Yes** if it describes your home. Otherwise, check **No**. **YES NO**

- a. Your house/apartment was built before 1978 and has peeling or chipping paint 1 0
- b. It has heat when you need it. . . . 1 0
- c. It has hot water when you need it . 1 0
- d. There is evidence of water damage or leaks in your home. 1 0
- e. You see or smell mold/mildew in your home. 1 0
- f. You see cockroaches or mice in your home 1 0

51. About how many hours a day, on average, is your two-year-old in the same room or in the same car with someone who is smoking?

_____ Hours

52. Tell us how strongly you agree or disagree with the following statements about your neighborhood. Answer for the neighborhood you lived in for the **most** time in the **past 12 months**.

Do you agree that people in your neighborhood:

- | | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
|-----------------------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| a. Are willing to help their neighbors? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| b. This is a close-knit (tight) neighborhood? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| c. Can be trusted? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| d. Generally don't get along with each other? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| e. Do not share the same values? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

53. How often do your neighbors:

- | | | | | | | |
|----|-----------------------------------------------------------------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| | Never | Almost
never | Sometimes | Fairly often | Very often | |
| a. | Do favors for each other? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| b. | Ask each other advice about personal things such as child rearing or job openings? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| c. | Have parties or other get-togethers where other people in the neighborhood are invited? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| d. | Visit in each other's homes or on the street? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| e. | Watch over each other's property? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

54. How would you rate this neighborhood in terms of its:

- | | | | | | | |
|----|---------------------------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| | Very poor | Poor | Neutral | Good | Very Good | |
| a. | Police protection? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| b. | Protection of property? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| c. | Safety from violence? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| d. | Friendliness? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| e. | Cleanliness? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| f. | Quietness? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| g. | Quality of schools? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| h. | Availability of parks, playgrounds, or sidewalks? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

- | | | | | | | |
|----|-------------------------------------------------------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| i. | Municipal services (e.g., trash pickup, road repair, libraries, water)? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| j. | Availability of places to buy fresh fruits and vegetables when you want them? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| k. | Quality of air | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| l. | Free from industrial chemicals | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

The following questions are about health insurance, health care access, and health history for your two-year-old child.

55. Does your two-year-old **currently** have health insurance coverage?

Yes 1

No 0 → **GO TO QUESTION 57**

56. If yes, what kind of health insurance coverage?

Health insurance purchased from Covered California 1

Health insurance purchased **not** from Covered California 2

Health insurance from a job (yours or your husband's/partner's) 3

Government sponsored program such as Medi-Cal, or HealthyKids 4

Military (TRICARE) or Veterans Health Administration (VA) 5

Other 6

Please tell us: _____

57. 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?

- Yes 1
- No 0 → **GO TO QUESTION 59**

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

- _____ months
- Less than one month 1
- Never covered 0

59. Has there ever been a service your two year-old has needed, but it was **not** covered by the health care coverage?

- Yes 1
- No 0 → **GO TO QUESTION 61**

60. Please tell us which of the following were needed but **not** covered by the health care coverage. **Check all that apply.**

- Well-child care 1
- Sick care visits. 2
- Prescription medication 3
- Hospitalizations 4
- Dental care 5
- Vision screening or glasses 6
- Emergency care 7
- Special equipment or therapies 8
- Lactation consultant 9

61. About how much has your family spent on health care for your two-year-old in the **last 12 months**? Include **only** the amount you had to pay out of pocket such as co-pays, deductibles, all medications (prescription and over-the-counter medication), and uninsured services. Just give your best estimate.

- Less than \$100 1
- \$100 to \$499 2
- \$500 to \$999 3
- \$1,000 to \$1,999 4
- \$2,000 to \$4,999 5
- \$5,000 to \$9,999 6
- \$10,000 or more 7

62. **Most** of the time, where does your two-year-old go for care when he/she is sick? **Check one answer.**

- My child has not needed sick care 1
- Private doctor's office or primary care provider (PCP) 2
- Hospital clinic. 3
- Hospital emergency room 4
- Community or free clinic. 5
- Military (TRICARE) or Veterans Health Administration (VA) 6
- Urgent care clinics. 7
- Walk-in health clinic (like in a grocery store or pharmacy) 8
- Other 9

Please tell us: _____

63. Please think about the place you take your two-year-old **most** of the time for well-child checkups. Please tell us how you felt about the care you received during your most recent visit. How satisfied were you with:

- | | | | | | |
|----|----------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| | Very
Satisfied | Satisfied | Neutral | Unsatisfied | Very
Unsatisfied |
| a. | The ease of making appointment? | | | | |
| | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| b. | The amount of time you had to wait to see the doctor or health care provider after you arrived for your visit? | | | | |
| | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| c. | The ability to be seen by the doctor or health care provider on short notice? | | | | |
| | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| d. | The advice you got on how to care for your child? | | | | |
| | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |
| e. | The understanding and respect that the staff showed toward you and your child? | | | | |
| | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |

64. During the **past 12 months**, did any of the following problems keep you from getting health care for your two-year-old when he or she was sick? For each item, check **Yes** if it prevented you from getting health care for your child or check **No** if it was not a problem. YES NO

- a. I couldn't get an appointment when I wanted one ₁ ₀
- b. I didn't have enough money or insurance to pay for the health care my two-year-old needed ₁ ₀
- c. I couldn't take time off from work. . . ₁ ₀
- d. I was not satisfied with the only available doctor/health care worker . ₁ ₀

- e. The service my child needed was not available in my community . . . ₁ ₀
- f. Other problem ₁ ₀

Please tell us: _____

65. **Most** of the time, where does your two-year-old go for his/her immunizations (baby shots)? **Check one answer.**

- My child hasn't had any baby shots yet . . . ₁
- Private doctor's office or primary care provider (PCP) ₂
- Hospital clinic. ₃
- Public Health clinic ₄
- Community or free clinic. ₅
- Military (TRICARE) or Veterans Health Administration (VA) ₆
- Urgent care clinics. ₇
- Walk-in health clinic (like in a grocery store or pharmacy) ₈
- Other ₉

Please tell us: _____

66. Have you ever decided to delay or not get immunizations (baby shots) for your toddler?
- Yes ₁
 - No ₀ → **GO TO QUESTION 68**

67. The following is a list of reasons some mothers have for delaying or deciding not to get immunizations (baby shots) for their toddler. **Check all that apply.**

- I think some shots are given too early. . . . 1
- I think too many shots are given at once. . . 2
- I thought my child was too sick. 3
- I think some shots are given too close together. 4
- I think some shots do more harm than good. 5
- I do not think some of the diseases will affect my child. 6
- I have religious beliefs or concerns about some or all shots. 7
- I did not have time. 8
- I did not have transportation. 9
- I did not know the shots were due. 10
- Other 11

Please tell us: _____

68. During the **past 3 months**, how many different days was your two-year-old's activity limited due to sickness? (For example, this child was unable to go to child care, play outside, or play with friends.)

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

69. During the **past 3 months**, how many different times has this child had an ear infection?

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

70. 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, physician's assistant, therapist, or child development specialist.) **Check all that apply.**

- An asthma-like condition, including wheezing 1
- Croup, bronchitis. 2
- Pneumonia 3
- Autism or Autistic Spectrum Disorder 4
- Allergies (skin, seasonal, respiratory, food, or digestive allergies) 5
- Vision problems requiring correction 6
- Hearing problems 7
- Tooth decay or cavities. 8
- Developmental delay. 9
- Speech delay 10
- Other 11

Please tell us: _____



71. During any of your two-year-old's health care visits, did a doctor, dentist, nurse, or other health care worker talk with you about any of the things listed below? Please count only discussions, not reading materials or videos. For each item, check **Yes** if someone talked with you about it or check **No** if no one talked with you about it.

YES NO

- a. Your child's nutrition and feeding. 1 0
- b. Using a car seat. 1 0
- c. Your child's teeth and dental health 1 0
- d. How your child is growing and developing 1 0
- e. Your child's vision and hearing. . . . 1 0
- f. Things you can do to help your child learn and grow 1 0
- g. Your child's social and emotional health 1 0
- h. Your child's behavior 1 0
- i. Physical activity and exercise for your child 1 0
- j. Places you could take your child for other services 1 0
- k. Questions or concerns you have about your child 1 0
- l. Immunizations (baby shots) 1 0
- m. Sleeping and naptime behaviors . . . 1 0
- n. How secondhand smoke could affect your child's health. 1 0
- o. How eating fish containing high levels of mercury can affect your child 1 0
- p. Preventing lead poisoning 1 0
- q. Your child's weight 1 0
- r. How to care for your two year-old's teeth and gums 1 0
- s. The use of fluoride drops or tablets in your home 1 0
- t. Fluoride varnish application 1 0

- u. Assisting your child in brushing his/her teeth 1 0
- v. Fluoride in your tap water. 1 0

72. How would you rate your two-year-old's health in general? **Check one answer.**

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

The next questions are about your child's learning, development, or behavior.

73. During the **past week**, how many days did you or other family members read or look at books with your two-year-old?

- Did not read to him/her this week 1
- 1-3 days this week. 2
- 4-7 days this week. 3

74. How many times in the **past week** have you or any family member taken your two-year-old on any kind of outing, such as to a park, playground, library, or other children's program or activity?

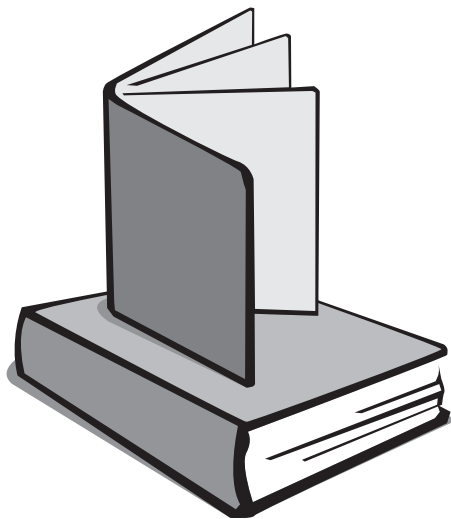
- None 1
- 1 to 3 times 2
- 4 to 5 times 3
- 6 or more times. 4

75. Is your two year-old able to do the following:
For each item, check **Yes** if he or she can do the task or **No** if he/she cannot. **YES NO**

- Use 2-word phrases
(for example, "drink milk") 1 0
- Know what to do with common things,
like a brush, phone, fork, spoon 1 0
- Copy actions and words 1 0
- Follow simple instructions 1 0
- Walk steadily 1 0
- Remember the skills that he/she
has learned 1 0

76. Did your two-year old's doctors or other health providers ever **YES NO**

- a. Tell you that they were doing what doctors call a "developmental assessment" or test of your two-year old's development 1 0
- b. have him/her roll over, pick up small objects, stack blocks, throw a ball, or recognize different colors? 1 0



77. In the **past 12 months**, did your two-year-old's doctor or other health providers do the following: **YES NO**

- a. Have you fill out a survey or checklist about concerns you may have had about his/her learning, development, or behavior?. 1 0
- b. Have you fill out a survey or checklist about activities that he/she may be able to do? (For example, use 2-word phrases, walk steadily, and etc.)? . . 1 0
- c. Ask you if you have concerns about his/her learning, development or behavior?. 1 0

78. In the **past 12 months**, did you have any concerns about your two-year old's learning, development, or behavior?

- Yes 1
- No 0 → **GO TO QUESTION 80**

79. In the **past 12 months**, did your two-year old's doctors or other health providers give you specific information to address these concerns?

- Yes 1
- No 0

80. Has your two-year-old child ever been enrolled in or received services from any of the following programs? For each program, check **Yes** or check **No**. **YES NO**

- a. WIC 1 0
- b. Early Intervention (EI) or Infant Learning Program (ILP). 1 0
- c. California Children Services (CCS) . . 1 0
- d. School district special education or special needs program. 1 0
- e. Head Start or Early Head Start 1 0
- f. Regional Center 1 0

81. Has your child ever experienced any of the following events or situations? For each event, check **Yes** if he/she did or check **No** if he/she did not.

YES NO

- a. Death of a close family member. . . . 1 0
- b. Being away from either parent for longer than a one month time period 1 0
- c. Change in household members (including a new sibling) 1 0
- d. Overnight stay in hospital (not including right after birth) 1 0
- e. Seeing violence or physical abuse in person. 1 0
- f. Alcoholism or mental health disorder in family 1 0
- g. Conflict between parents 1 0

82. During the **past 12 months**, have you had any concerns about how your child acts, gets along with others, or shows feelings? The concern may be about small or large problems.

Yes 1

No 0 → **GO TO QUESTION 84**

83. Did you seek professional help or advice because of concerns about how your child acts, gets along with others, or shows feelings?

Yes 1

No 0

The following questions are about finding child care for your two-year-old.

84. Do you **currently** have regular child care arrangements for your two-year-old? (By child care, we mean any kind of arrangements where someone other than yourself, husband or partner, legal guardian, or child's stepparent takes care of your child on a regular basis.)

Yes 1

No 0 → **GO TO QUESTION 90**

85. What are your child care arrangements?
Check all that apply.

Small in-home child care provider (1 to 7 children). 1

Large in-home child care provider (8-14 children) 2

Child care center 3

Child's grandparent(s) 4

Other relative(s) 5

Baby-sitter/friend/neighbor 6

Other 7

Please tell us: _____

86. What is the average number of hours per week he/she stays in child care?

Less than 10 hours per week 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 5

87. How much do you pay for the child care of your two-year-old per month?

- I don't have to pay 1
- Less than \$100 2
- \$100 to \$499 3
- \$500 to \$799 4
- \$800 to \$999 5
- \$1,000 to \$1,999 6
- \$2,000 or more 7

88. Who helps pay for your child care arrangements for your two-year-old? **Check all that apply.**

- I pay myself. 1
- Child's father 2
- Government social service agency (such as: Department of Public Social Services, Early Headstart) 3
- Employer. 4
- Relative. 5
- Other 6

Please tell us: _____

89. Think about your toddler's current child care arrangements. Please tell us how satisfied you are with the following.

How satisfied are you with:

Very Satisfied Satisfied Neutral Unsatisfied Very Unsatisfied

- a. The cost of your child care? 1 2 3 4 5
- b. The care and attention your child receives? 1 2 3 4 5
- c. The location and how far you drive to get there? 1 2 3 4 5
- d. The time the provider spends with you discussing your child's day and any issues that arise? 1 2 3 4 5
- e. That your child is getting healthy meals and snacks at child care? 1 2 3 4 5

90. During the **past 12 months**, did you or anyone in the family have to quit a job, not take a job, or greatly change a job because of problems with child care for your child?

- Yes 1
- No 0

The following are a few general questions about your family.

91. Does your family eat meals together with TV off? **Check one answer.**
- Always 1
Usually 2
Sometimes 3
Never 4
92. In the **past two years**, have you ever needed help getting housing, food, or money in an emergency?
- Yes 1
No 0
93. Do you know of a specific place or program in your community where a family can go for help in getting housing, food, or money in an emergency?
- Yes 1
No 0
94. What is your current relationship status with your two-year-old's father?
- Married 1
Separated or divorced 2
Widowed. 3
Never married but living together 4
Never married and living apart 5
95. Are you **currently** working for pay full-time (at least 35 hours or more), part-time, or not at all?
- Full-time 1
Part-time 2
Not working. 3

96. Thinking about the employment situation of your spouse or partner, is he/she **currently** working for pay full-time (at least 35 hours or more), part-time, or not at all?
- Full-time 1
Part-time 2
Not working. 3
Not Applicable 79
97. What was your family income in **2015** before taxes? Please check the number below that includes your total family income, including your income and the income of your husband or partner (if living with you in **2015**) and your children.
- Please include income from all sources, including jobs, welfare, disability, unemployment, child support, interest, dividends, and support from family members.**
- Less than \$20,000 1
\$20,000-\$39,999 2
\$40,000-\$59,999 3
\$60,000-\$99,999 4
\$100,000 or more 5
I don't know. 89

98. How many people lived on this income in **2015**?
_____ Total number of people

99. Did you move since your two-year-old was born?

Yes 1

No 0

If yes, what were the reasons for moving?

Please check all that apply.

We had to move because of work. 1

I wanted better school for my children. . . 2

We could not afford living in the neighborhood 3

We wanted to live in a better neighborhood. 4

We moved because of concerns about environmental exposures (such as air pollution, near an industrial site, hazardous waste site, or landfill) . . . 5

We were evicted. 6

We became homeless. 7

Other 8

Please tell us: _____



If you would like to write any comments about this survey, your health or your two-year-old's health, child care, parenting, resource needs, or anything else, please do so in the space below.

This is the end of the survey.

Please place the survey in the pre-addressed, postage-paid envelope that is provided and mail it to:

**Los Angeles Mommy and Baby Follow-Up Survey
Maternal, Child and Adolescent Health Programs
600 S. Commonwealth Ave., Suite 800
Los Angeles, CA 90005**

Thank you very much for your help.

Your valuable contribution will help us make Los Angeles County mothers and toddlers healthier!
You will receive your \$20 Ralphs/Food4Less Gift Card in about 2 to 3 weeks after we receive your survey.

Check here if you want someone to call you to do the survey over the telephone.

In the spaces below, please write your name, address, telephone number, and email address and the name, address, and telephone number of a friend or family member who would know how to reach you in case you move. We ask for this in case we need to reach you to clarify answers on your survey and to make sure we have your current address to mail your Ralphps/Food4Less gift card. You will receive a Ralphps/Food4Less gift card whether you mail in your survey or take it over the telephone.

Check here if you will be moving to a new address, and please write your new address below:

Name: _____

Address: _____

Phone: () _____

Email address: _____

When is the best time to call you? _____

Friend/family name: _____

Address: _____

Phone: () _____

Email address: _____



Attention LAMB Follow-Up Staff: Tear out this page before entering data



LAMB Follow-Up Calendar

January 2015							February 2015							March 2015							April 2015						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
				1	2	3	1	2	3	4	5	6	7	1	2	3	4	5	6	7				1	2	3	4
4	5	6	7	8	9	10	8	9	10	11	12	13	14	8	9	10	11	12	13	14	5	6	7	8	9	10	11
11	12	13	14	15	16	17	15	16	17	18	19	20	21	15	16	17	18	19	20	21	12	13	14	15	16	17	18
18	19	20	21	22	23	24	22	23	24	25	26	27	28	22	23	24	25	26	27	28	19	20	21	22	23	24	25
25	26	27	28	29	30	31								29	30	31					26	27	28	29	30		

May 2015							June 2015							July 2015							August 2015						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
					1	2		1	2	3	4	5	6				1	2	3	4							1
3	4	5	6	7	8	9	7	8	9	10	11	12	13	5	6	7	8	9	10	11	2	3	4	5	6	7	8
10	11	12	13	14	15	16	14	15	16	17	18	19	20	12	13	14	15	16	17	18	9	10	11	12	13	14	15
17	18	19	20	21	22	23	21	22	23	24	25	26	27	19	20	21	22	23	24	25	16	17	18	19	20	21	22
^{24/} ₃₁	25	26	27	28	29	30	28	29	30					26	27	28	29	30	31	^{23/} ₃₀ ^{24/} ₃₁	25	26	27	28	29	30	

September 2015							October 2015							November 2015							December 2015								
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S		
			1	2	3	4	5					1	2	3	1	2	3	4	5	6	7				1	2	3	4	5
6	7	8	9	10	11	12	4	5	6	7	8	9	10	8	9	10	11	12	13	14	6	7	8	9	10	11	12		
13	14	15	16	17	18	19	11	12	13	14	15	16	17	15	16	17	18	19	20	21	13	14	15	16	17	18	19		
20	21	22	23	24	25	26	18	19	20	21	22	23	24	22	23	24	25	26	27	28	20	21	22	23	24	25	26		
27	28	29	30				25	26	27	28	29	30	31	29	30						27	28	29	30	31				

January 2016							February 2016							March 2016							April 2016							
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	
					1	2		1	2	3	4	5	6				1	2	3	4	5						1	2
3	4	5	6	7	8	9	7	8	9	10	11	12	13	6	7	8	9	10	11	12	3	4	5	6	7	8	9	
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17	18	19	20	21	22	23	21	22	23	24	25	26	27	20	21	22	23	24	25	26	17	18	19	20	21	22	23	
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May 2016							June 2016							July 2016							August 2016								
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S		
1	2	3	4	5	6	7				1	2	3	4						1	2				1	2	3	4	5	6
8	9	10	11	12	13	14	5	6	7	8	9	10	11	3	4	5	6	7	8	9	7	8	9	10	11	12	13		
15	16	17	18	19	20	21	12	13	14	15	16	17	18	10	11	12	13	14	15	16	14	15	16	17	18	19	20		
22	23	24	25	26	27	28	19	20	21	22	23	24	25	17	18	19	20	21	22	23	21	22	23	24	25	26	27		
29	30	31					26	27	28	29	30			^{24/} ₃₁	25	26	27	28	29	30	28	29	30	31					

September 2016							October 2016							November 2016							December 2016							
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	
				1	2	3						1					1	2	3	4	5					1	2	3
4	5	6	7	8	9	10	2	3	4	5	6	7	8	6	7	8	9	10	11	12	4	5	6	7	8	9	10	
11	12	13	14	15	16	17	9	10	11	12	13	14	15	13	14	15	16	17	18	19	11	12	13	14	15	16	17	
18	19	20	21	22	23	24	16	17	18	19	20	21	22	20	21	22	23	24	25	26	18	19	20	21	22	23	24	
25	26	27	28	29	30		^{23/} ₃₀ ^{24/} ₃₁	25	26	27	28	29	27	28	29	30				25	26	27	28	29	30	31		

What our moms are saying:

I think that this survey is a good idea. I am glad that I got to be a part of it. I hope that my answers and comments help others that are raising their toddlers.

I hope that those surveys you are mailing out really count as a tool to come out with helpful programs to benefit those women who really need support for their toddlers needs...



STAFF USE ONLY:

Date Received: ____ / ____ / ____

ID: _____

Date Tracked: ____ / ____ / ____ Initials ____

Date Reviewed: ____ / ____ / ____ Initials ____

Survey Entry Date: ____ / ____ / ____ Initials ____

Phone Interview: ____ / ____ / ____ Initials ____