

These questions are for EVERYONE completing the survey.

The next set of questions is about your family's finances. Remember, this survey will help community organizations improve the way they help families like yours!

D1. Do you, either by yourself or together with someone else, currently have an account at a bank or credit union? Yes No

If you answered **NO**, which of the following is a reason why you, personally, DO NOT have an account at a bank, credit union or other financial institution. (Select ALL that apply)

- | | |
|---|--|
| <input type="checkbox"/> They are too far away | <input type="checkbox"/> I don't have enough money to use them |
| <input type="checkbox"/> They are too expensive | <input type="checkbox"/> Because of religious reasons |
| <input type="checkbox"/> I don't have the necessary documentation (ID, wage slip) | <input type="checkbox"/> Because someone else in the family already has an account |
| <input type="checkbox"/> I don't trust them | |

D2. Which of the following statements are true of your financial situation? (Select ALL that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> I pay all my bills on time | <input type="checkbox"/> I have no debts | <input type="checkbox"/> I am seriously considering filing for bankruptcy or have filed for bankruptcy in the past three years |
| <input type="checkbox"/> I sometimes miss a payment on my bills | <input type="checkbox"/> I have no debts in collection | <input type="checkbox"/> I am not involved at all in any financial decisions including how money is spent in our household |
| <input type="checkbox"/> I struggle to pay my bills every month | <input type="checkbox"/> I have debts in collection | |

D3. Is your income steady or does it vary?

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Steady; doesn't change regularly | <input type="checkbox"/> Different from day to day | <input type="checkbox"/> Different from week to week | <input type="checkbox"/> Different from month to month |
|---|--|--|--|

D4. Based on your current income, how well can you afford to meet your basic needs?

- | | | | |
|------------------------------------|-------------------------------------|--|-----------------------------------|
| <input type="checkbox"/> Very well | <input type="checkbox"/> Quite well | <input type="checkbox"/> Somewhat well | <input type="checkbox"/> Not well |
|------------------------------------|-------------------------------------|--|-----------------------------------|

D5. Have you and your family participated in or used any of these services, programs or supports in the last 12 months? (Select ALL that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Great Start Readiness Program | <input type="checkbox"/> Imagination Library | <input type="checkbox"/> Community HealthCare Connections—Mobile Clinic |
| <input type="checkbox"/> Early Head Start | <input type="checkbox"/> Raising a Reader | <input type="checkbox"/> WIC |
| <input type="checkbox"/> Head Start | <input type="checkbox"/> Nurse Family Partnership (NFP) | <input type="checkbox"/> Wraparound |
| <input type="checkbox"/> Great Start County Connections | <input type="checkbox"/> Family Health Center (including Dental Clinic) | <input type="checkbox"/> Summit Pointe |
| <input type="checkbox"/> Early On | <input type="checkbox"/> Goodwill Industries | <input type="checkbox"/> YMCA |
| <input type="checkbox"/> Toddler Playgroups (Early Childhood Connections) | <input type="checkbox"/> Charitable Union | |

The following questions will help us learn how different conditions impact the way people have their needs met in Battle Creek.

D6. What street do you live on? _____

D7. Which 100 block do you live on? (Example: If your street address is 6544, the 100 block is 6500)_____

D8. Which elementary school is closest to your home?

D9. What is your racial or ethnic background? Select all that apply.

- | | | |
|--|---|---|
| <input type="checkbox"/> White | <input type="checkbox"/> Native American or Alaska Native | <input type="checkbox"/> Hawaiian or Pacific Islander |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Asian | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Burmese | |

D10. Is English the primary language spoken in your home? Yes No

If you answered **NO**, what is the primary language spoken in your home?

How has the fact that English is not the primary language spoken in your home made it more difficult for you to get the education or health services or support you need for your children/family?

D11. What is the highest level of education you have completed?

- | | | |
|--|--|---|
| <input type="checkbox"/> 8th grade or less | <input type="checkbox"/> Trade / vocational school | <input type="checkbox"/> 4-year college - Bachelor's degree |
| <input type="checkbox"/> Some high school | <input type="checkbox"/> Some college | <input type="checkbox"/> Master's degree |
| <input type="checkbox"/> High school diploma or G.E.D. | <input type="checkbox"/> 2-year college - Associate's degree | <input type="checkbox"/> Doctoral or Professional degree |

D12. Are you currently employed? Yes, full-time Yes, part-time No

D13. What is your annual household income?

- | | | |
|---|---|---|
| <input type="checkbox"/> Less than \$10,000 | <input type="checkbox"/> \$31,460 to \$39,589 | <input type="checkbox"/> \$63,940 to \$72,059 |
| <input type="checkbox"/> \$10,001- \$23,339 | <input type="checkbox"/> \$39,590 to \$47,699 | <input type="checkbox"/> \$72,060 to \$80,179 |
| <input type="checkbox"/> \$23,340 to \$31,459 | <input type="checkbox"/> \$47,700 to \$55,819 | <input type="checkbox"/> Over \$80,180 |
| | <input type="checkbox"/> \$55,820 to \$63,939 | |

Thank you for participating in the PULSE SURVEY!!



As a valued member of the Calhoun County community, you are being asked to participate in the Pulse Survey. The purpose of this survey is to collect information about the experiences of families in Calhoun County. The information will be used by local organizations and funders to better meet the needs of local families.

We thank you for agreeing to complete this survey. If you have completed a Pulse Survey in the last 2 months, you do not need to complete it again. If you have concerns or questions about this survey, please contact the Pulse Survey Team at Michigan State University at pulsesurveybc@gmail.com or toll free at 866-343-5279.

Are you eligible for the Pulse Survey?

Do you live in Battle Creek? Yes No

If you live in Battle Creek, you may be eligible to participate. Please answer the next question. If you do NOT live in Battle Creek, thank you for agreeing to participate, but please return your survey to the person who gave it to you. At this location, we're only collecting surveys from Battle Creek residents.

Are you the parent or guardian of a child(ren) age 5 or younger? Yes No

If you live in Battle Creek **AND** have a child age 5 or younger, this survey is for you! If you answered **YES** to **BOTH OF THESE QUESTIONS**, please continue with the survey. **If you DO NOT have a child age 5 or younger**, thank you for agreeing to participate, but please return your survey to the person who gave it to you. At this location, we're only collecting surveys from parents of children ages 5 and under who live in Battle Creek. You may be eligible at another location!

***By completing this survey, you indicate your voluntary agreement to participate. You are free to end the survey at any time. Everything you say will be kept confidential. Your name will not be connected with any of your responses.**

First, we'd like to know a little bit more about you.

A1. What is your gender? Female Male Other

A2. What year were you born? _____

A3. Do you rent or own your residence or stay with relatives/friends?

- | | | | |
|-------------------------------|------------------------------|--|--------------------------------|
| <input type="checkbox"/> Rent | <input type="checkbox"/> Own | <input type="checkbox"/> Stay with relatives/friends | <input type="checkbox"/> Other |
|-------------------------------|------------------------------|--|--------------------------------|

A4. How many people live in your household? _____

A5. How many children do you have in each of these age ranges?

- | | | |
|-------------------|--------------------|---------------------|
| ___ 0-2 years old | ___ 3-4 years old | ___ 5 years old |
| ___ 6-8 years old | ___ 9-12 years old | ___ 13-18 years old |

Now we are going to ask you some questions about you and your family.

A6. How often do you and your family eat fresh (not canned) fruits and vegetables?

- | | | |
|--|--|--|
| <input type="checkbox"/> Less than once a week | <input type="checkbox"/> Once a day | <input type="checkbox"/> 5 or more times per day |
| <input type="checkbox"/> 2-4 times per week | <input type="checkbox"/> 2-4 times per day | |

A7. Which of the following makes it hard for your family to eat fresh (not canned) fruits and vegetables? (Select ALL that apply)

- | | |
|--|--|
| <input type="checkbox"/> Hard to find these foods where I shop | <input type="checkbox"/> Convenience of eating fast food |
| <input type="checkbox"/> Not sure how to cook these foods | <input type="checkbox"/> Don't like the taste of these foods |
| <input type="checkbox"/> My family's eating habits/preferences | <input type="checkbox"/> Don't have the time to prepare healthy food |
| <input type="checkbox"/> Cost | <input type="checkbox"/> I don't find it hard to eat these foods |

A8. Do you think prenatal care is essential for every pregnancy? Yes No

A9. Do YOU have health coverage of any kind for yourself? Yes No

A10. Is there someone you think of as YOUR personal doctor or nurse?

A personal doctor or nurse is a health professional who knows you well and is familiar with your health history. Examples include a general doctor, a pediatrician, a specialist doctor, a nurse practitioner, or a physician's assistant.

Yes No

A11. In the last 12 months, did YOU visit a doctor or other healthcare provider for a wellness check or physical (not related to pregnancy)? Yes No

A12. In the last 12 months, was there any time when YOU needed healthcare but it was not received? Yes No

HK13a. If you selected yes above, please select ALL the reasons why you didn't receive needed care

- | | |
|---|---|
| <input type="checkbox"/> I decided to wait and see if the condition improved on its own | <input type="checkbox"/> I DON'T have insurance or other coverage and couldn't afford the visit |
| <input type="checkbox"/> I didn't have a way to get to the doctor or clinic | <input type="checkbox"/> I DO have insurance or other coverage and couldn't afford the visit |
| <input type="checkbox"/> The doctor or clinic wasn't open at a time I could get there | <input type="checkbox"/> I couldn't find a doctor or provider that was accepting new patients |

A13. At what age do you think a child starts learning? (Select ONE answer)

- | | | |
|---------------------------------------|---------------------------------------|---|
| <input type="checkbox"/> Before birth | <input type="checkbox"/> As an infant | <input type="checkbox"/> As a 3-4 year old |
| <input type="checkbox"/> At birth | <input type="checkbox"/> As a toddler | <input type="checkbox"/> At the start of kindergarten |

A14. Which of the following do you agree with? (Select ALL that apply)

- | | |
|--|---|
| <input type="checkbox"/> Only kids with disabilities need preschool | <input type="checkbox"/> You have to be on public assistance for your children to go to preschool |
| <input type="checkbox"/> Parents play an important role in getting their kids ready for school | <input type="checkbox"/> Children need to go to preschool to be ready for school |
| <input type="checkbox"/> I didn't need preschool, so my kids won't need it either | <input type="checkbox"/> There are some TV programs that are as good as preschool |
| <input type="checkbox"/> Preschool is not a safe place | |

Section B

Please answer these questions about your child age 0-5.

In this part of the survey, we'd like to know more about your child's learning experiences.

B1. If you have more than one child between ages 0-5, please think about the child in your family whose birth or birthday you LAST celebrated.

How old is this child? _____ Is this child a ___boy or ___girl?

Please think about your experiences with this specific child when you answer the questions in this section.

B2. Who cares for your child when they are not with a parent/guardian or at school? (Select ALL that apply)

- A relative/friend/neighbor Home-based daycare Daycare center
 A school-based childcare A community-based program/center N/A. No one else cares for my child

B3. Have you tried to find childcare with someone outside your family?

Yes No

If yes, which of the statements below describe your experience?

I had difficulty finding the childcare I want. Yes No

I found childcare that I am happy with. Yes No

In my neighborhood, there are no good options for childcare. Yes No

B4. In your opinion, what are the characteristics of a high quality childcare or preschool setting? (Select your TOP 3 priorities)

- Small group sizes and adult-to-child ratios Opportunities for meaningful parent involvement
 Site is licensed by the State of Michigan Adults who have experience and education in early childhood development
 Adults who are friendly, warm, and loving Site has a 4 or 5 star rating on the CONNECT system
 Learning opportunities that will help my child succeed in school Use of technology in the classroom
 Other children who have a common cultural background as my child Adults who have a common cultural background as my child

B5. To what extent do you (or did you) feel confident in helping your child learn the following skills before they start(ed) kindergarten:

Not At All Confident Somewhat Confident Confident

	Not At All Confident	Somewhat Confident	Confident
Identify 10 letters and know their sounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Know where he/she lives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interact well with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Count to 20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use pencils and crayons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follow directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use and appreciate books	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sort colors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have a conversation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jump and hop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understand and be able to handle their emotions in positive ways	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B6. How often do you read to/look at picture books with your child?

Every day Several times a week Once a week or less

B7. Where have you learned about what you can expect from your child at different ages? (Select ALL that apply)

- A parent or family member My own experience - I have other children Friends Family Coach
 Doctor or medical professional Books No one. I don't really know what to expect.
 The Internet

B8. Where would you go if your child needed extra help in any of these areas? (Select ALL that apply)

	Family/Friends	Medical Provider	School System	Family Coach
Vision/Hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaking/Language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination/Mobility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning reading and math	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behaving appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managing emotions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting along with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B9. Have you sought support for any of the above areas? Yes No

If yes, which areas?

- Vision/Hearing Speaking/Language Coordination/Mobility Learning reading and math Behaving appropriately Managing emotions Getting along with other children

B10. Does YOUR CHILD have health coverage of any kind? Yes No

B11. Where do you usually take YOUR CHILD when he/she is sick or you need advice about his/her health? Select the ONE you use most often.

- A doctor's office The emergency room Hospital outpatient department
 Walk-in or urgent care clinic We don't have a place we usually go We don't go to a medical professional

B12. Is there someone you think of as YOUR CHILD'S personal doctor or nurse? A personal doctor or nurse is a health professional who knows your child well and is familiar with your child's health history. Examples include a general doctor, a pediatrician, a specialist doctor, a nurse practitioner, or a physician's assistant.

Yes No

B13. Has your child's doctor or other healthcare provider talked to you about what you can expect from your child at different ages? Yes No

B14. Do you feel that you can talk to your child's doctor or other healthcare provider about your child's emotional health? Yes No

B15. Have you ever sought a counselor or therapist for support with your child's emotional health? Yes No

If yes, was it easy to find a counselor or therapist who met your needs? Yes No

Section C

Do you have children who were in preschool or kindergarten in the last year?

If yes, please go to question C1.

If you do not have children in preschool or kindergarten, please continue to the back page...

C1. If you have more than one child who was in preschool or kindergarten in the last year, please think about your YOUNGEST child in preschool or kindergarten.

How old is this child? _____ Is this child a ___boy or ___girl?

Was this child in ___pre-school or ___kindergarten last year?

Please think about your experiences with this specific child when you answer the questions in this section.

C2. Has your child's teacher or other school staff talked to you in the last 3 months about:

Ways you can get together with your neighbors or other parents (for example, neighborhood groups, parent groups, activities at the park)? Yes No

Resources for parents and families in your area (for example, recreational activities, child care, counseling, housing)? Yes No

If you have any concerns about your child's learning, development, or behavior? Yes No

If you know where to go for help with your child's emotional well-being? Yes No

Ways that you can support your child's learning at home? Yes No

C3. Does your child have an Individualized Education Program (IEP)?

Yes No

If you selected YES, have you been able to find the support you need to participate fully in the IEP process? Yes No

C4. During your most recent interactions with your child's school, did your child's teacher or other school staff...

Answer all of your questions? Yes No

Explain things clearly to you? Yes No

Hear your concerns and respond to them in a way that made you feel heard? Yes No

Ask you about other (non-school-related) needs or concerns you might have, such as needing help with housing, health, or emotional support? Yes No

Refer you to any needed programs, services, or resources? Yes No

Please continue to the back page...