

These questions are for EVERYONE completing the survey.

The next set of questions asks more 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. Which of the following best describes how you manage your money: (Select ONE answer)

- I have a budget and keep close track of how much I spend on things such as food, housing, and entertainment
- I have a somewhat good idea about how much I spend on things such as food, housing, and entertainment, but I don't keep strict track of my spending on these things
- I don't have a good idea how much I spend on things such as food, housing, and entertainment, but I keep track of my overall spending and try to stay within certain limits that I've set for myself
- I don't have a good idea how much I spend on things such as food, housing, and entertainment, and I often don't keep track of my overall spending

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"/> High school diploma or G.E.D. | <input type="checkbox"/> Some college |
| <input type="checkbox"/> High school diploma or G.E.D. | <input type="checkbox"/> 2-year college - Associate's degree | <input type="checkbox"/> Master'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 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. If you live in Battle Creek, please continue the survey!

***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. How many people live in your household? _____

A4. 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

A5. Do you rent or own your residence or stay with relatives/friends?

Rent Own Stay with relatives/friends Other

A6. 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"/> Wraparound |
| <input type="checkbox"/> Head Start | <input type="checkbox"/> WIC | <input type="checkbox"/> Summit Pointe |
| <input type="checkbox"/> Great Start County Connections | <input type="checkbox"/> Nurse Family Partnership (NFP) | <input type="checkbox"/> Goodwill Industries |
| <input type="checkbox"/> Early On | <input type="checkbox"/> Family Health Center (including Dental Clinic) | <input type="checkbox"/> YMCA |
| <input type="checkbox"/> Toddler Playgroups (Early Childhood Connections) | <input type="checkbox"/> Charitable Union | |

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

A7. 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 | |

A8. 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 |

A9. Do you think prenatal care is essential for every pregnancy? Yes No

A10. Do YOU have health coverage of any kind for yourself? Yes No

A11. 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

A12. 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

A13. In the last 12 months, was there any time when YOU needed healthcare but it was not received? Yes No

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 |

A14. 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 |

A15. 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 the following questions about your family.

The next set of questions is about your family's finances. This information will help community organizations improve the way they help families.

B1. What do you do if you run short of money for food or other necessary items? (Select ALL that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> This has not happened to me | <input type="checkbox"/> Borrow from bank/use credit card/go into overdraft | <input type="checkbox"/> Sell something |
| <input type="checkbox"/> Go without food or necessary items | <input type="checkbox"/> Borrow from a local money-lender | <input type="checkbox"/> Spend less on essentials/necessary items (e.g. food) |
| <input type="checkbox"/> Borrow from family, friend or work colleague | <input type="checkbox"/> Use savings | <input type="checkbox"/> Spend less on non-essentials (e.g. spending on self/partying/going out, alcohol, cigarettes) |
| <input type="checkbox"/> Cash gifts from family or friends | <input type="checkbox"/> Find extra work/work extra hours | |
| <input type="checkbox"/> Borrow from employer/ paycheck advance | <input type="checkbox"/> Go to food bank or other source of aid | |

B2. In the past 12 months, have you saved or set aside any money?

Yes No If you answered YES, did you save for:

- | | | |
|---|--|---|
| <input type="checkbox"/> Expenses in the future such as education, a wedding, or a big purchase | <input type="checkbox"/> Emergencies or a time when you expect to have less income | <input type="checkbox"/> Needed household repairs |
| | <input type="checkbox"/> Routine future expenses (e.g. bills) | <input type="checkbox"/> Retirement |

B3. What strategies do you have for meeting your/your household's expenses in your old age? (Select ALL that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Financial help/support from family, village or clan | <input type="checkbox"/> Social Security | <input type="checkbox"/> Inheritance |
| <input type="checkbox"/> Savings or other financial assets | <input type="checkbox"/> Pension in the name of other household member | <input type="checkbox"/> Business (income from or selling) |
| <input type="checkbox"/> Own pension provided by your employer, like a 401(K) | <input type="checkbox"/> Insurance | <input type="checkbox"/> Will always work (employed or self-employed) |
| | <input type="checkbox"/> Non-financial assets (house, livestock, valuables such as jewelry) | <input type="checkbox"/> I haven't thought about this |

B4. When it comes to managing your money, what areas would you like to know more about? (Select all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> How to get a job | <input type="checkbox"/> How to invest | <input type="checkbox"/> How to start/improve/expand a business |
| <input type="checkbox"/> How to get a higher paying job | <input type="checkbox"/> How to get a loan | <input type="checkbox"/> Advantages/disadvantages, terms and conditions of different financial services |
| <input type="checkbox"/> How to budget | <input type="checkbox"/> How to manage credit correctly | |
| <input type="checkbox"/> How to save | | |

B5. The last time you sought support or attended a program for financial or employment-related matters, did the person who helped you...

- | | | |
|--|------------------------------|-----------------------------|
| Answer all of your questions? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Explain things clearly to you? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Hear your concerns and respond to them in a way that made you feel heard? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Ask you about other (non-financial) needs or concerns you might have, such as needing help with housing, health, or emotional support? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Refer you to any needed programs, services, or resources? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

B6. There are a lot of government programs (Head Start for young children, loans to go to college, job training, etc.) that try to create more opportunities for children, adults and families. Generally speaking, do you think these programs help a lot or do you think individual motivation is more important?

- | | | | |
|--|--|---|-------------------------------------|
| <input type="checkbox"/> Programs help a lot | <input type="checkbox"/> Individual motivation is most important | <input type="checkbox"/> Both are important | <input type="checkbox"/> No opinion |
|--|--|---|-------------------------------------|

Section C

Do you have a child age 0-5? If yes, please go to question C1. If no, please continue to the back page...

C1. In this section of the survey, we'd like to know more about your child's health and learning. If you have more than one child age 0-5, please think about the one 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.

C2. Where have you learned about what you can expect from your child at different ages? (Select ALL that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> A parent or family member | <input type="checkbox"/> The Internet | <input type="checkbox"/> No one. I don't really know what to expect |
| <input type="checkbox"/> Doctor or medical professional | <input type="checkbox"/> My own experience- I have other children | <input type="checkbox"/> Friends |
| | <input type="checkbox"/> Books | <input type="checkbox"/> Family Coach |

C3. Have you tried to find child care 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 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| I found childcare I am happy with. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| In my neighborhood, there are no good options for childcare. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

C4. In your opinion, what are the characteristics of a high quality childcare or preschool setting? (Select your TOP 3 priorities)

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

C5. Does your child attend preschool?

Yes No

If you responded NO, please select ALL of the reasons why your child does not attend preschool:

- | | |
|---|---|
| <input type="checkbox"/> I stay home with my child. | <input type="checkbox"/> There is no room for my child in the preschool I wanted. |
| <input type="checkbox"/> Preschool costs too much. | <input type="checkbox"/> There are no quality preschools that fit my schedule. |
| <input type="checkbox"/> I have a family member or friend who cares for my child. | <input type="checkbox"/> There is no preschool in my community that fits my family's culture. |
| <input type="checkbox"/> Preschools can't serve my child's unique needs. | <input type="checkbox"/> I have not considered sending my child to preschool. |
| <input type="checkbox"/> I don't have transportation to get my child to preschool. | <input type="checkbox"/> My child is too old/young for preschool. |
| <input type="checkbox"/> Signing up for preschool is too complicated and/or time-consuming. | |
| <input type="checkbox"/> There are no quality preschools nearby. | |

C6. How often do you read to/look at picture books with your child?

- Every day Several times a week Once a week or less

C7. Does YOUR CHILD have health coverage of any kind?

Yes No

C8. 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.

- | | | |
|--|--|--|
| <input type="checkbox"/> A doctor's office | <input type="checkbox"/> The emergency room | <input type="checkbox"/> Hospital outpatient department |
| <input type="checkbox"/> Walk-in or urgent care clinic | <input type="checkbox"/> We don't have a place we usually go | <input type="checkbox"/> We don't go to a medical professional |

C9. 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

C10. In the last 12 months, did YOUR CHILD visit a doctor or other healthcare provider for a wellness check or physical?

Yes No

C11. In the last 12 months, was there any time when YOUR CHILD needed healthcare but it was not received?

Yes No

If you selected YES above, please select ALL the reasons why your child didn't receive needed care:

- | | |
|---|--|
| <input type="checkbox"/> I decided to wait and see if the condition improved on its own | <input type="checkbox"/> We 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"/> We 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. |

C12. 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

C13. Do you feel that you can talk to YOUR CHILD'S doctor or other healthcare provider about YOUR CHILD'S emotional health?

Yes No

C14. 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

Please continue to the back page...