

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"/> 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 | |

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

D6. What city do you live in? _____

D7. What street do you live on? _____

D8. Which 100 block do you live on? (Example: If your street address is 6544, the 100 block is 6500) _____

D9. Which elementary school is closest to your home?

D10. 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 | |

D11. 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?

D12. 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 or G.E.D. | <input type="checkbox"/> Master's degree |
| <input type="checkbox"/> High school diploma | <input type="checkbox"/> 2-year college - Associate's degree | <input type="checkbox"/> Doctoral or Professional degree |

D13. Are you currently employed? Yes, full-time Yes, part-time No

D14. What is your annual household income?

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

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 Calhoun County? Yes No

If you live in Calhoun County, you may be eligible to participate. Please answer the next question. If you do NOT live in Calhoun County, 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 Calhoun County residents.

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

Are you currently pregnant? Yes No

If you live in Calhoun County **AND** have a child age 5 or younger or are pregnant, this survey is for you! If you answered **YES** to **EITHER OF THESE QUESTIONS**, please continue with the survey. If you answered **NO** to both, 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 pregnant women and parents of children ages 5 and under who live in Calhoun County. 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

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

Are you currently pregnant?

If yes, please go to question B1. If not, please continue to Section C...

B1. Next, we'd like to know about your current pregnancy.

When is your baby due? Month: _____ Year: _____

B2. At what point in pregnancy do you believe a baby is considered full term?

- At 34 weeks At 37 weeks At 39 weeks

B3. Please select the statement or statements that most closely describe your feelings or experiences with prenatal care during your current pregnancy. (Select ALL that apply)

- I am not receiving prenatal care My insurance coverage doesn't cover the care that I want/need
 I am happy with the prenatal care that I am getting My husband/partner/boyfriend does not want me to get prenatal care
 I feel disrespected by the clinic or hospital staff during prenatal care

If you ARE receiving prenatal care, please answer this question:

B4. During your most recent prenatal visit, did your doctor or other healthcare provider...

- 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-medical) needs or concerns you might have, such as needing help with housing, food, or emotional support? Yes No
 Refer you to any needed programs, services, or resources? Yes No

B5. Are you interested in changing any of the following behaviors? (Select ALL that apply)

- Eating healthier foods Managing appropriate weight gain Stopping drug use (except medications recommended by a doctor)
 Getting more physical activity Smoking less
 Drinking less alcohol Drinking less caffeine (pop/coffee)

B6. Do you feel you have been connected to the services you needed for a healthy pregnancy? Yes No

If NO, what services did you need that you didn't get?

B7. Do you agree or disagree with these statements about breastfeeding?

- | | Agree | Disagree |
|---|--------------------------|--------------------------|
| Infant formula is as good as breast milk | <input type="checkbox"/> | <input type="checkbox"/> |
| Breastfeeding provides long-term benefits to babies as they grow up | <input type="checkbox"/> | <input type="checkbox"/> |

B8. Do you plan to breastfeed your baby? Yes No

If you do NOT plan to breastfeed your baby, what is the MAIN reason?

Section C

Are you the parent or guardian of a child age 0-5?

If yes, please go to question C1. If not, please continue on the back page...

C1. In this section of the survey, we'd like to know about your child's health and learning. 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.

C2. Does YOUR CHILD have health coverage of any kind? Yes No

C3. During your child's last doctor's visit, did your child's doctor or other healthcare provider...

- Ask if you have concerns about your child's learning, development, or behavior? Yes No
 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-medical) needs or concerns you might have, such as needing help with housing, food, or emotional support? Yes No
 Refer you to any needed programs, services, or resources? Yes No

C4. 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

C5. In the last 12 months, did YOUR CHILD visit a doctor or other healthcare provider for a wellness check or physical? Yes No

C6. 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

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

C7. 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

C8. Do you feel that you can talk to YOUR CHILD'S doctor or other healthcare provider about YOUR CHILD'S emotional health? Yes No

C9. 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

C10. 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
 Doctor or medical professional Books Family Coach
 The Internet No one. I don't really know what to expect.

C11. How often do you read to/look at picture books with your child?

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

C12. Does your child attend preschool? Yes No

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

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

Do you have a child 6 months old or younger? If NO, continue to the next page. If YES, please answer the following questions:

C13. Women with babies 6 mos. old and younger: Do you agree or disagree with these statements about breastfeeding?

- | | Agree | Disagree | Does Not Apply |
|---|--------------------------|--------------------------|--------------------------|
| I understand how to breastfeed and extract breast milk. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| My spouse/significant other is supportive of my breastfeeding. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I received good information or support on breastfeeding from a relative or friend. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I received good information or support on breastfeeding from a community agency or group. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I received good information or support on breastfeeding from the hospital | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| My employer is supportive of my breastfeeding. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

C14. How old was your child when he or she stopped breastfeeding or being fed breast milk? _____ Months Still breastfeeding Never breastfed

Please continue to the back page...