

Coos Family Support Survey – Results as of August 1, 2008 (N=325)

Please complete this survey only if you have a child who is currently under the age of 6

1. How many children between 0 and 5 years old live in your household? 60% - 1, 35% - 2, 5% - 3plus
2. How old are your children? Average age – first child 5.3, second 3.8
3. What is your sex? 87% Female 13% Male
4. What is your age? Average age 31, range 15 to 63 years
5. What is your marital status?
 - a. married (58%)
 - b. living with someone as a couple (18%)
 - c. divorced/separated (10%)
 - d. widowed (1%)
 - e. never married or single (13%)
6. What is your family income?
 - a. \$0-\$10,000 (17%)
 - b. \$10,001-\$20,000 (16%)
 - c. \$20,001-\$30,000 (16%)
 - d. \$30,001-\$40,000 (15%)
 - e. \$40,001-\$50,000 (11%)
 - f. more than \$50,000 (26%)
7. Does your spouse/partner work for pay outside the home?
 - a. Yes, full-time work (64%)
 - b. Yes, part-time work (7%)
 - c. No (12%)
 - d. Don't have spouse/partner (18%)
8. Do you work for pay outside the home?
 - a. Yes, full-time work (46%)
 - b. Yes, part-time work (19%)
 - c. No (35%)
9. How long have you lived at your current address? Average 4.5 years
10. How long have you lived in Coos county? Average 18 years
11. How many times have you moved in the past 2 years? 61% -0, 22% - 1 time, 11%-2 times, 7% - 3plus

Now we would like you to please answer all of the following questions about your youngest child between the ages of 0 and 5.

12. How many servings of fruits and vegetables does your child eat in a day?

a. none	b. 1 to 2	c. 3 to 4	d. 5 or more
5%	29%	56%	10%
13. How many hours per day does your child watch TV?

a. none	b. 1 to 2	c. 3 to 4	d. 5 or more
21%	57%	20%	1%
14. What type of health insurance does your child have?

Does not have insurance	Employer-provided	S-Chip (Healthy Kids)	Other
3%	37%	57%	1%
Combination of S-Chip and Employer – 2%			

15. Please circle yes or no for the following:

My Child:		
Has a regular doctor	Yes 97%	No 3%
Has been to a well-child visit in the past year	Yes 96%	No 4%
Has up to date immunizations	Yes 97%	No 3%
Has been referred to a health specialist in the past year	Yes 23%	No 77%
Has been to a dentist	Yes 56%	No 44%

16. Where do you go when your child is sick?

30% Doctor/PCP/ER, 21% Weeks, 19% Coos Family Health Services, 9% Indian Stream (all other responses <4%)

17. How many times have you taken your child to the Emergency Room in the past year?

59% 0, 22% 1, 11% 2, 5% 3, 4% 4 or more

18. If one or more times, why did you go to the Emergency Room? 72% illness, 18% injury, 10% illness and injury

19. The following questions ask about safety and some are personal questions about stressors in family life. These questions will help us understand how to better help families.

For each of the following, please circle the answer that best fits for you or your household

I use a car seat for my child	Yes 98%	No 1%	Sometimes 1%	
I have safety locks on my kitchen cabinets	Yes 49%	No 51%		
I have safety locks on my bathroom cabinets	Yes 36%	No 64%		
There are guns in my house	Yes 39%	No 61%		
The guns are kept unloaded (if yes)	Yes 93%	No 7%	Doesn't apply	
The guns are kept locked (if yes)	Yes 89%	No 11%	Doesn't apply	
There is lead paint where I live	Yes 3%	No 78%	Don't know	20%
I have smoke alarms in my house	Yes 99%	No 1%		
I change the batteries in my smoke alarms every year	Yes 88%	No 6%	Doesn't apply	6%
I have some money set aside in case of emergency	Yes 60%	No 40%		
There is someone in my household who smokes cigarettes inside the house	Yes 13%	No 87%		
I go to the dentist every year	Yes 64%	No 36%		
Over the past two weeks, have you felt down, depressed, or hopeless?	Yes 16%	No 72%	Sometimes	13%
Over the past two weeks, have you felt little interest or pleasure in doing things?	Yes 15%	No 73%	Sometimes	12%
Do you sometimes drink alcohol beverages?	Yes 66%	No 34%		
If you drink, how many times in the past year have you had 4 or more drinks in one day (5 or more drinks for men)?	I don't drink 38%	One time 28%	2-12 times 31%	More than 12 times 4%
During the past 12 months, how often did you use any medications/drugs without a prescription?	Never 86%	One time 3%	2-12 times 10%	More than 12 times 2%

Have you ever been in a relationship with someone who has physically hurt you?	Yes 17%	No 83%		
Have you been in this kind of relationship within the past two years?	Yes 6%	No 94%		

20. What kind of child care do you use most of the time? Please circle one
 Family (37%) Friends (7%) Licensed child care center (33%) Child care center, not licensed (5%)
 Other (2%) My child is not in child care (15%)

21. Does your child go to any of the following activities at least once a week?
 Please circle as many as apply

Preschool	Head start	Play group	None of these
38%	18%	12%	38%

22. Please say how often you do the following by circling your answer:

How often do you read to your child?	every day 62%	4 to 6 days in a week 21%	2 to 3 days in a week 12%	One day a week or less 5%
How often does your family eat dinner together?	every day 71%	4 to 6 days in a week 19%	2 to 3 days in a week 8%	One day a week or less 2%
How often do you use the following types of discipline with your child?				
Yell	Often 10%	Sometimes 48%	Rarely 29%	Never 13%
Spank	Often 6%	Sometimes 9%	Rarely 40%	Never 50%
Toy removal	Often 26%	Sometimes 51%	Rarely 13%	Never 10%
Time out	Often 41%	Sometimes 39%	Rarely 9%	Never 11%
Explain	Often 83%	Sometimes 9%	Rarely 3%	Never 5%

The next few questions have to do with finances

23. Have you ever received information on how to budget or manage money?
 Yes 47% No 53%

24. Do you have any bank or credit union accounts? Yes 91% No 9%

If yes, what type(s) of accounts do you have?

Checking	Savings	Other
92%	79%	15%

25. In general, how do your family finances work out at the end of the month?

- a. Some money left over (44%)
- b. Just enough money to make ends meet (35%)
- c. Not enough money to make ends meet (22%)

26. Were you eligible for the Earned Income Tax Credit on last year's income tax return?

Yes	No	Not sure
53%	25%	22%

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Please say how much you agree or disagree with the following by circling a number

27. When I am worried about my child I have someone to talk to.

Strongly disagree						Strongly agree
1	2	3	4	5	6	7
2%	2%	4%	6%	9%	13%	64%

28. I have confidence in my ability to parent and take care of my child.

Strongly disagree						Strongly agree
1	2	3	4	5	6	7
2%	.3%	1%	1%	5%	17%	73%

29. Often people need help from others in the form of community services. For each of the following kinds of services, please indicate first would you know where to go for help in your community if you needed it and second have used the service? Please circle your answer

	(1) Would you know where to go?			(2) Have you used?
Health care	Yes 97%	No 1%	Not sure 1%	Yes 65%
Educational opportunity	Yes 83%	No 12%	Not sure 4%	Yes 28%
Job search help	Yes 81%	No 12%	Not sure 6%	Yes 20%
Alcohol or drug dependency help	Yes 75%	No 20%	Not sure 5%	Yes 4%
Child care	Yes 91%	No 7%	Not sure 2%	Yes 35%
Parenting/home visitation services	Yes 66%	No 26%	Not sure 8%	Yes 13%
Nutrition or food help	Yes 85%	No 10%	Not sure 5%	Yes 22%
Fuel assistance	Yes 81%	No 16%	Not sure 3%	Yes 31%
Transportation	Yes 70%	No 25%	Not sure 6%	Yes 7%
Domestic violence	Yes 77%	No 17%	Not sure 5%	Yes 5%
Help to stop smoking	Yes 73%	No 22%	Not sure 5%	Yes 6%
Early learning services	Yes 74%	No 19%	Not sure 7%	Yes 19%

30. What are your biggest challenges in meeting your family's needs?

Please rank the TOP 3 challenges:

Finding fun family recreational activities	47%
Child care	27%
Fuel assistance	23%
Knowing how to discipline my children without spanking or yelling	20%
Access to health care	18%
Educational opportunity	15%
Overall parenting help	13%
Early learning services	11%
Nutrition or food help	10%
Other (please explain _____)	10%
Job search help	9%
Transportation	9%
Help to stop smoking	7%
Alcohol or drug dependency help	1%
Domestic violence	0.3%

Thank you for completing this survey! Complete the postcard if you want to enter the lottery.