

Healthy Start
Child Development: Parent Perspectives

1. Are you the parent or guardian of a child here for a visit today?
- NO (please stop survey and turn it in)
- YES (please continue)

Please complete the following questions about your child that just attended the health supervision visit

2. Is your child a boy or girl?
- Boy Girl
3. How old is your child:
- 6-11 months
- 12-17 months
- 18-23 months
- 2 years
4. What health insurance does your child have?
- Medicaid or KidCare
- Insurance (other than Medicaid or Public Insurance)
- Self-Pay (no insurance)
- Other (specify _____)
5. Child's race/ethnicity:
- Asian/ Pacific Islander
- Black/African-American
- Hispanic
- White/Caucasian
- Other (describe _____)
6. I feel my child is...
- underweight
- a little underweight
- about the right weight
- a little overweight
- overweight
7. Are you aware OR have you ever been told by any medical provider that your child has any conditions that affects how he/she is growing
- No
- Yes, please explain: _____
- Not sure, Please explain: _____

13. Please tell us how strongly do you agree or disagree with the following statements:

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
I sometimes feed my child because I feel I can calm him/her down faster.	<input type="checkbox"/>				
I feed my child the way I do because I feel that he/she can have much better health when he/she is older.	<input type="checkbox"/>				
I feel that the foods I feed my child now will help him/her be stronger.	<input type="checkbox"/>				
I believe that the foods I feed my child can affect how he/she will learn.	<input type="checkbox"/>				
I think the foods/drinks I give my child will affect their weight they will be at school entry.	<input type="checkbox"/>				
I think the foods/drinks I give my child will affect how tall they will be at school entry.	<input type="checkbox"/>				
Sometimes parents feed their child to make the parent's life easier.	<input type="checkbox"/>				

Thank you.