TOTS

THE OKLAHOMA TODDLER SURVEY

A two year follow-up to the PRAMS survey

TOTS | MCH

Oklahoma State Department of Health

THE OKLAHOMA TODDLER SURVEY

WHAT IS TOTS?

TOTS stands for The Oklahoma Toddler Survey (TOTS). It is a confidential survey about you and your two-year-old's life experiences. It provides a better picture of what affects the health of Oklahoma's very young children and their families. Oklahoma was the first state to begin a study like TOTS.

WHY DID YOU RECEIVE THIS SURVEY?

Shortly after your child was born, you completed a PRAMS survey about your life before, during, and after pregnancy. TOTS is a follow-up to PRAMS, sent when the child turns two.

PRAMS Survey

WHAT CAN YOU DO TO HELP?

- Please answer the questions in the survey.
- Mail it back in the enclosed envelope. No stamp is needed.

FAQ

Are my answers important?

YES! You and your toddler's experiences are unique and important. Your answers can help other mothers and toddlers in Oklahoma.

Are my answers kept private?

YES! No one outside the TOTS staff will know your name or address. Your survey gets a random number code. Answers are not linked to your name or address. This ensures confidentiality.

What does TOTS do with the information?

1. Help doctors and nurses improve care.
2. Provide a way to develop and evaluate health programs.
3. Guide better use of resources.
4. Help families learn more about being healthy and safe.

Want to know more?

- If you have questions or if you would like to answer the survey by phone, call **405-521-6919** or toll free at **1-800-766-2223.**
- Visit TOTS.health.ok.gov

What women who answer the survey say about TOTS:

"You really made my day! Thank you for including me in your survey!"

"I am very happy and love being a mom. Thank you."

All questions about "your child" are for your **two-year-old** whose name is on the letter we sent you. **All information is confidential.**

Let's Begin!

Please check the box next to your answer or follow the directions included with the question.

You may be asked to skip some questions that do not apply to you.

1. What is your child's date of birth?

_____ / _____ / _____
Month Day Year

2. Does your child live with you now?

- ☐ No → If no, go to Question 35
- ☐ Yes

3. Besides yourself, who lives with your child most of the time? *Check all that apply.*

- ☐ No one else
- ☐ Spouse or partner (child's father)
- ☐ Spouse or partner (not child's father)
- ☐ Child's father (not current spouse or partner)
- ☐ Other children
- ☐ Child's grandparent(s)
- ☐ Other _____

HEALTH & HEALTH CARE

The next questions are about your two-year-old's health and health care. The term "health care provider" refers to a doctor, nurse, physician assistant, or similar health care worker.

4. What kind of health care coverage does your child have now? *Check all that apply.*

- ☐ Does not have coverage
- ☐ Insurance through a job (yours or someone else's)
- ☐ Insurance paid for or purchased directly (not from a job)
- ☐ Medicaid/SoonerCare
- ☐ Indian Health Service (IHS)/Tribal Health
- ☐ TRICARE or military
- ☐ Other _____

5. Do you have someone you think of as your child's health care provider?

- ☐ No
- ☐ Yes

6. In the past 12 months, has your child gone for a well-child checkup (routine exam)**?**

- ☐ No
- ☐ Yes

7. **In the past 12 months, what things have kept your child from going to a health care provider?** *Check all that apply.*

- ☐ Nothing
- ☐ High cost
- ☐ Could not get a referral
- ☐ No transportation
- ☐ Provider's hours/times were not convenient
- ☐ Other _____

8. **In the past 12 months, what type of specialist**(s) **did your child see** (both inside or outside of the home)**?** *Check all that apply.*

- ☐ None
- ☐ Speech/language therapist
- ☐ Ophthalmologist/Optometrist (eye specialist)
- ☐ Physical/Occupational therapist
- ☐ Ear nose and throat doctor (ENT)
- ☐ Gastroenterologist (GI)
- ☐ Urologist
- ☐ Other _____

9. **Have you ever decided to delay or not get immunizations** (baby shots) **for your child?**

- ☐ No → If no, go to Question 11
- ☐ Yes

10. **What were the reason**(s)**?** *Check all that apply.*

- ☐ I think some shots do more harm than good
- ☐ I think some shots are given too early
- ☐ I think some shots are given too close together
- ☐ My health care provider did not have the vaccine in stock
- ☐ Other _____

CHILD CARE

The next questions are about child care. The term "child care" refers to any kind of regular arrangement where anyone other than the parents or legal guardians takes care of your child.

Please include Early Head Start, child care centers, and in-home care by relatives or friends.

11. **What type of child care do you use for your child now?** *Check all that apply.*

- ☐ None → If none, go to Question 13
- ☐ Child care center or Early Head Start
- ☐ Child's grandparents
- ☐ Babysitter/friend/neighbor
- ☐ Mother's Day Out or similar program
- ☐ Other _____

12. **How many hours each week is your child usually in child care?**

- ☐ 1 to 9 hours a week
- ☐ 10 to 29 hours a week
- ☐ 30 hours a week or more

→ Continue to Question 14

13. **What are the reasons you are not using child care now?** *Check all that apply.*

- ☐ Did not need it
- ☐ High cost
- ☐ Low quality
- ☐ Hours were not convenient
- ☐ Location was not convenient
- ☐ Other _____

HEALTH & SAFETY

The next questions are about your two-year-old's health and safety.

14. What type of car seat does your child use? *Check only one.*

- ☐ Rear-facing
- ☐ Forward-facing
- ☐ Booster
- ☐ Other _____

15. Since your child was born, have any of the following happened? *Check No or Yes for each.*

	NO	YES
My child has been alone in a tub of water, even for a moment, without an adult present	☐	☐
My child has played near standing water (pools, ponds, etc.) without an adult present	☐	☐
My child has experienced a near-drowning or similar event with water	☐	☐

16. Does your swimming pool (or the one in your neighborhood/apartment complex) **have a fence, locking gate, or some other safety measure** (pool alarm, safety-approved pool cover, etc.)**?**

- ☐ Does not apply to where I live
- ☐ No
- ☐ Yes
- ☐ Not sure

17. In the past 3 months, was your child hurt seriously enough to require medical attention?

- ☐ No → If no, go to Question 20
- ☐ Yes

18. What type of injury did your child have? *Check all that apply.*

- ☐ Broken bone
- ☐ Cut requiring stitches
- ☐ Burn
- ☐ Poisoning
- ☐ Other _____

19. Where was your child when he/she got hurt? *Check all that apply.*

- ☐ My home
- ☐ Child care program
- ☐ Playground
- ☐ Other _____

NUTRITION & ACTIVITY

The next questions are about your two-year-old's nutrition and activities.

20. On a typical day, how many times (including meals and snacks) **does your child eat the following foods?** *Check the number of times for each item.*

	None	1	2	3 or more times
Fruit (fresh, canned, frozen, dried)	☐	☐	☐	☐
Vegetables (fresh, canned, frozen)	☐	☐	☐	☐
Grains (breads, rice, cereal, pasta, tortillas, oatmeal)	☐	☐	☐	☐
Meat (beef, pork, chicken, etc.) **fish, eggs**	☐	☐	☐	☐
Dairy (yogurt, cheese, cottage cheese)	☐	☐	☐	☐
Candy, cookies, or other sweets	☐	☐	☐	☐

21. On a typical day, how many times does your child drink the following items? *Check the number of times for each item.*

	None	1	2	3 or more times
Plain water	☐	☐	☐	☐
Whole milk or 2% milk	☐	☐	☐	☐
Low-fat (1%) or fat-free (skim) **milk**	☐	☐	☐	☐
Non-dairy milk (soy, almond, rice)	☐	☐	☐	☐
Fruit juice	☐	☐	☐	☐
Diet drinks (Crystal Light, diet soda, flavored water)	☐	☐	☐	☐
Soda or sweetened drinks (Kool-Aid, Capri Sun, tea, Gatorade)	☐	☐	☐	☐

22. How long was your child breastfed or fed pumped breast milk (including donated milk)**?**

☐ I never fed any breast milk to my child

→ If none, go to Question 24

☐ I fed breast milk to my child for less than 1 month

☐ I fed breast milk to my child for 1 month or more:

How many months? ____

☐ I am still feeding breast milk to my child

→ Continue to Question 23

23. How old was your child when FIRST given anything other than breast milk? *Include formula, water, juice, cow's milk, baby food, or anything else that your child may have been given.*

- ☐ Less than 1 month old
- ☐ 1-2 months old
- ☐ 3-5 months old
- ☐ 6 months or older

24. Does your child use a bottle or sippy cup?

- ☐ No → If no, go to Question 26
- ☐ Yes

25. What is usually in the bottle or sippy cup? *Check all that apply.*

- ☐ Milk
- ☐ Water
- ☐ Juice
- ☐ Other _____

26. Does your child have a bedtime routine? (Same set of activities generally done at the same time every night.)

- ☐ No
- ☐ Yes

27. How many hours a day does your child watch TV, play video games, or use a tablet, computer, cell phone, or other electronic devices?

- ☐ None
- ☐ Less than 1 hour
- ☐ 1 hour
- ☐ More than 1 hour

28. Does your child do any of the following? *Check all that apply.*

- ☐ Copies things you do
- ☐ Says sentences with 2 to 4 words
- ☐ Builds towers of 4 or more blocks
- ☐ Kicks a ball
- ☐ Shows more and more independence
- ☐ Knows names of familiar people and body parts
- ☐ Follows two-step instructions
- ☐ Begins to run
- ☐ None of these

29. In the past week, how many days did you or someone in your household do the following things with your child? *Check the number of days for each item.*

	None	1	2	3	4 or more days
Sit down and eat a meal	☐	☐	☐	☐	☐
Read a book or story	☐	☐	☐	☐	☐
Sing songs or say rhymes	☐	☐	☐	☐	☐
Talk about feelings	☐	☐	☐	☐	☐
Play counting or number games	☐	☐	☐	☐	☐
Build or make things	☐	☐	☐	☐	☐

EXPERIENCES

The next questions are about things your two-year-old may have experienced.

Your answers will be kept private.

30. In the past 12 months, how many times have you moved?

- ☐ None
- ☐ One
- ☐ Two
- ☐ Three
- ☐ Four or more

31. To the best of your knowledge, has your child ever experienced any of the following events or situations? *Check No or Yes for each.*

	NO	YES
Parent or guardian divorced or separated	☐	☐
Parent or guardian died	☐	☐
Parent or guardian served time in jail	☐	☐
Witnessed verbal or physical violence	☐	☐
Lived with anyone who was mentally ill, suicidal, or severely depressed	☐	☐
Lived with anyone who had a problem with drugs or alcohol	☐	☐
Treated or judged unfairly because of his or her race or ethnic group	☐	☐

32. For each statement, check No if it does not describe your child's situation now or Yes if it does.

	NO	YES
My child has a caring relationship with at least one adult other than his or her parents	☐	☐
My child plays with children outside the family on a regular basis	☐	☐

33. For each statement, check No if the item does not describe your neighborhood/ community or Yes if it does.

	NO	YES
People help each other out	☐	☐
People watch out for each other's children	☐	☐
My child is safe in my neighborhood or community	☐	☐
There are broken windows or graffiti	☐	☐
There are sidewalks or walking paths	☐	☐
There is a park or playground	☐	☐
There is a library or bookmobile	☐	☐
There are empty or abandoned houses	☐	☐

QUESTIONS FOR MOM

The next questions are about you.

34. For any of the following reasons, did you ever feel that you were treated differently while getting care for your child? *Check No or Yes for each.*

	NO	YES
My age	☐	☐
My language	☐	☐
My race or ethnicity	☐	☐
My type of insurance/lack of insurance	☐	☐
My ability to pay for care	☐	☐
My appearance	☐	☐
I was treated differently but don't know why	☐	☐
Other	☐	☐

Please tell us:

_____

_____

_____

_____

_____

_____

WAIT!

If your child is living with you, be sure you have answered the earlier questions and then continue to **Question 35.**

If your child is not living with you, begin here after **Question 2**.

35. In the past 6 months, have you ever felt so sad and hopeless that you stopped doing usual activities?

☐ No
☐ Yes

36. Since your child was born, has a doctor, nurse, or other health care worker talked with you during a checkup or visit about depression?

☐ No
☐ Yes

37. Since your child was born, has a doctor, nurse or other health care worker diagnosed you with depression?

☐ No
☐ Yes

38. When your child was born, did a health care worker at the hospital offer you a birth control method (IUD or implant) before you were released?

☐ No
☐ Yes
☐ Not sure

39. How many pregnancies have you had since your two-year-old was born?

- ☐ None → If none, go to Question 41
- ☐ One
- ☐ Two or More

40. Think about the first pregnancy after your two-year-old was born. How did you feel about becoming pregnant again? *Check only one.*

- ☐ I wanted to become pregnant later
- ☐ I wanted to become pregnant sooner
- ☐ I wanted to be pregnant then
- ☐ I didn't want to be pregnant then or at any time in the future
- ☐ I wasn't sure what I wanted

41. Are you or your spouse/partner doing anything now to keep from getting pregnant?

- ☐ No → If no, go to Question 43
- ☐ Yes

42. What kind of birth control are you or your spouse/partner using now to keep from getting pregnant? *Check all that apply.*

- ☐ Tubes tied/blocked or partner has Vasectomy
- ☐ IUD (Mirena®, ParaGuard®, Liletta®, etc.) or Contraceptive implant in the arm
- ☐ Shots/injections, Birth control pills, Patch, or Vaginal ring
- ☐ Condoms
- ☐ Withdrawal (pulling out)
- ☐ Not having sex (abstinence)
- ☐ Other _____

Continue to Question 44

43. What are the reasons you or your spouse/partner are not doing anything now to keep from getting pregnant? *Check all that apply.*

- ☐ I am pregnant now
- ☐ I want to get pregnant
- ☐ I don't want to use birth control
- ☐ I am worried about side effects from birth control
- ☐ I am not having sex
- ☐ My spouse or partner doesn't want to use anything
- ☐ I have problems paying for birth control
- ☐ Other _____

44. In the past 12 months, have any of the following things happened to you? *Check No or Yes for each one.*

	NO	YES
A close family member or friend was very sick or died	☐	☐
I was very sick	☐	☐
I had a change in marital status (married, separated, divorced, widowed)	☐	☐
I had problems paying the rent, mortgage, or other bills	☐	☐
My partner or I lost a job	☐	☐
Someone close to me had a problem with drinking or drugs	☐	☐
I regularly cared for a family member in poor health	☐	☐

45. **In the past 12 months, whom could you turn to for emotional support?** (Emotional support is when someone understands, encourages, and reassures you.) *Check all that apply.*

- ☐ No one
- ☐ Spouse or partner (child's father)
- ☐ Spouse or partner (not child's father)
- ☐ Child's father (not current spouse or partner)
- ☐ My parent(s)
- ☐ Family member or close friend
- ☐ Place of worship or religious leader
- ☐ Counselor or mental health professional
- ☐ Other _____

HOUSEHOLD

The next questions are about your household. The term "tobacco products" refers to cigarettes, e-cigarettes, vape pens, all cigar types, and pipe tobacco.

46. **Which of the following statements best describes tobacco use inside your home?** *Check only one.*

- ☐ Tobacco use is not allowed
- ☐ Tobacco use is allowed
- ☐ Tobacco use is not allowed when children are present

47. **Which of the following statements best describes tobacco use inside your vehicle** (car, truck, or van)**?** *Check only one.*

- ☐ Tobacco use is not allowed
- ☐ Tobacco use is allowed
- ☐ Tobacco use is not allowed when children are present

48. **Do you use tobacco products** (even if only occasionally)**?**

- ☐ No
- ☐ Yes

49. **In the past 12 months, did anyone in your household use any of the following services?** *Check No or Yes for each.*

	NO	YES
WIC	☐	☐
Food Stamps (SNAP)	☐	☐
Food Bank or Food Pantry	☐	☐
School Breakfast or Lunch Program	☐	☐

50. **In the past 12 months, what was your total household income before taxes?**

- ☐ Less than $10,000
- ☐ $10,000 to $14,999
- ☐ $15,000 to $24,999
- ☐ $25,000 to $49,999
- ☐ $50,000 to $99,999
- ☐ $100,000 or more

51. **How many people, including you, depend on this income?**

_____ people

52. What is the highest level of school you completed? *Check only one.*

- ☐ Less than 12th grade, no diploma
- ☐ High school diploma or GED
- ☐ Associate degree (e.g., AA, AS) or Bachelor's degree (e.g., BA, BS)
- ☐ Post-graduate degree (e.g., MA, MS, PhD, EdD, MD, DDS, JD)

53. What is the highest level your spouse/partner completed in school? *Check only one.*

- ☐ I don't have a spouse/partner
- ☐ Less than 12th grade, no diploma
- ☐ High school diploma or GED
- ☐ Associate degree (e.g., AA, AS) or Bachelor's degree (e.g., BA, BS)
- ☐ Post-graduate degree (e.g., MA, MS, PhD, EdD, MD, DDS, JD)
- ☐ I don't know

54. Which best describes your current relationship status? *Check only one.*

- ☐ Married
- ☐ Not married, but living with a partner
- ☐ Single, never married
- ☐ Divorced, separated, or widowed

55. Enter the date you finished this survey:

Month / Day / Year

Please tell us anything else you would like for us to know.

It does not have to be about health.

Thanks for answering our questions!

Your answers will help make Oklahoma mothers and toddlers healthier.

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Preparing for a Lifetime
It's Everyone's Responsibility

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