

Child Health Survey

Kinship Cares

Last Name: _____ First Name: _____

Family ID#: _____ Date Completed: _____ Time1 / Time 2
(Circle one)

Child: _____ Worker: _____ County: Mercer Ocean (Circle one)

Please answer the following questions regarding the health of your child (ren) Circle only one number on each line that best describes your child’s health or behavior.

	Excellent	Very Good	Good	Fair	Poor
1. In general, would you say your child’s health is:	1	2	3	4	5
2. How was your child’s health a year ago?	1	2	3	4	5

3. During the past month, how often has your child’s health:	A Lot	Some-what	Very Little	Never
a. Limited the types of activities you could do as a family?	1	2	3	4
b. Interrupted various everyday activities (eating meals, watching TV)?	1	2	3	4
c. Limited your ability as a family to “pick-up and go” on a moment’s notice?	1	2	3	4
d. Caused tension or conflict in your home?	1	2	3	4
e. Been a source of disagreements or arguments in your family?	1	2	3	4
f. Caused you to cancel or change plans (personal or work) at the last minute?	1	2	3	4

	Strongly Agree	Agree	Disagree	Strongly Disagree
4. My child seems to be less healthy than other children I know	1	2	3	4
5. My child has never been seriously ill	1	2	3	4
6. I worry about my child’s health	1	2	3	4

Comments:

7. During the past month, how often has your child's behavior:	A Lot	Some-what	Very Little	Never
a. Limited the types of activities you could do as a family?	1	2	3	4
b. Interrupted various everyday activities (eating meals, watching TV)?	1	2	3	4
c. Limited your ability as a family to "pick-up and go" on a moment's notice?	1	2	3	4
d. Caused tension or conflict in your home?	1	2	3	4
e. Been a source of disagreements or arguments in your family?	1	2	3	4
f. Caused you to cancel or change plans (personal or work) at the last minute?	1	2	3	4

	Strongly Agree	Agree	Disagree	Strongly Disagree
8. My child seems to have more behavior or emotional problems than other children I know	1	2	3	4
9. My child has never had behavioral problems	1	2	3	4
10. I worry about my child's behavior or emotional state.	1	2	3	4

Comments:

11. During the past month, were you limited in the amount of time YOU had for your own needs because of your child's	Limited a Lot	Limited Some-what	Limited Very Little	Not Limited
a. Physical health	1	2	3	4
b. Emotional well-being or behaviors	1	2	3	4

Adapted from Cohon, D. (2009) Family Support Services for Grandparents and Other Relatives Providing Care for Children of Women Who Are Substance Abusing and HIV Positive. Edgewood Center for Children and Families: San Francisco.