

Demographic UPDATE

1. Primary languages spoken in the home (check all that apply)
 - English
 - Spanish
 - Chinese
 - Tagalog
 - French
 - Arabic
 - Korean
 - Russian
 - Vietnamese
 - Other: _____
 - Decline to state

2. Do you have a primary partner who will be involved in ensuring your child's health and welfare?
 - Yes → Go to 2a
 - No
 - Decline to State

2a. If Yes, Partner age (years) _____

2b. What is your partner's highest level of education?

 - Less than high school
 - High school
 - Some college/Associate Degree
 - College graduate (4 years B.A. or equivalent)
 - Advanced Degree (Master's, PhD, MD, EdD, DVM, DDS, JD, etc.)
 - Don't know
 - Decline to State

3. How would you describe your child's racial or ethnic group? (Mark all that apply)
 - White or Caucasian
 - Black or African American
 - Hispanic or Latina
 - Asian
 - Native Hawaiian or Other Pacific Islander
 - American Indian/Alaska Native
 - Don't Know
 - Decline to state
 - Other: _____

4. Do you have WIC (Women, Infants and Children) assistance for your child's formula or your food purchases?
 - Yes
 - No
 - Decline to state

Posting date 6/1/2020

5. During your pregnancy, what was your primary source of insurance?
- Private Health Insurance through Employer
 - Private Health Insurance through the Affordable Care Act (ACA)/ "Obamacare"
 - Veteran's Affairs/ CHAMPUS
 - Active Military
 - Medicare
 - Medicaid
 - Uninsured
 - Other: _____
 - Decline to State
6. How will your child's health care be paid for?
- Private Health Insurance
 - Medicare
 - Medicaid
 - Uninsured
 - Self-pay
 - Unknown
 - Other: _____
 - Decline to State