

## Keepin' It Moving Pre-Event Survey

Date:

### Demographic Characteristics

1. Age	<input type="checkbox"/> 8-24 <input type="checkbox"/> 25-34 <input type="checkbox"/> 35-44 <input type="checkbox"/> 45-54 <input type="checkbox"/> 55-64 <input type="checkbox"/> 65 and over
2. Race and ethnicity	<input type="checkbox"/> Non-Hispanic Black <input type="checkbox"/> Non-Hispanic White <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic Asian <input type="checkbox"/> Other _____
3. Gender identity (please describe)	
4. Use of community service organizations	<input type="checkbox"/> WIC <input type="checkbox"/> SNAP <input type="checkbox"/> Food pantry <input type="checkbox"/> Soup kitchen <input type="checkbox"/> Farmer's market <input type="checkbox"/> Church food programs

### Healthcare Utilization

1. Which of the following services would you use <b>for your child</b> , if your local community pediatrics office offered them at a low cost?	<input type="checkbox"/> Massage therapy <input type="checkbox"/> Yoga/meditation (mindfulness) <input type="checkbox"/> Nutrition counseling <input type="checkbox"/> Psychologist/therapy <input type="checkbox"/> Social work services (identifying community resources, healthcare navigator, family crisis support) <input type="checkbox"/> Laboratory services <input type="checkbox"/> Pharmacy <input type="checkbox"/> Allergy testing <input type="checkbox"/> Radiology/imaging
2. Which of the following services would you use <b>for yourself</b> , if your local community pediatrics office offered them at a low cost?	<input type="checkbox"/> Massage therapy <input type="checkbox"/> Yoga/meditation (mindfulness) <input type="checkbox"/> Nutrition counseling <input type="checkbox"/> Psychologist/therapy <input type="checkbox"/> Social work services (identifying community resources, healthcare navigator, family crisis support) <input type="checkbox"/> Laboratory services <input type="checkbox"/> Pharmacy <input type="checkbox"/> Allergy testing <input type="checkbox"/> Radiology/imaging

<p>3. Has a provider ever indicated that <b>you or your child</b> is affected by any of these conditions? (check all that apply)</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Obesity</li> <li><input type="checkbox"/> Malnutrition/failure to thrive</li> <li><input type="checkbox"/> Rickets</li> <li><input type="checkbox"/> Anemia</li> <li><input type="checkbox"/> Elevated blood lead levels</li> <li><input type="checkbox"/> Diabetes</li> <li><input type="checkbox"/> Anxiety, depression, bi-polar</li> <li><input type="checkbox"/> Autism, ADHD/ADD</li> <li><input type="checkbox"/> Post-traumatic stress</li> <li><input type="checkbox"/> Another condition (describe):</li> </ul>
<p>4. How easy or difficult is it for you to schedule appointments and access healthcare services for your child with existing providers?</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> 1-very difficult</li> <li><input type="checkbox"/> 2-</li> <li><input type="checkbox"/> 3-</li> <li><input type="checkbox"/> 4-</li> <li><input type="checkbox"/> 5- very easy</li> </ul>
<p>5. What types of healthcare services do you believe are currently lacking for children in your community? (please describe)</p>	
<p>6. How important is it for Peds 360+ to offer mental health services for children, including counseling or therapy?</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> 1- not at all</li> <li><input type="checkbox"/> 2- a little</li> <li><input type="checkbox"/> 3- somewhat</li> <li><input type="checkbox"/> 4- very</li> <li><input type="checkbox"/> 5-extremely</li> </ul>

