



2022 Consumer Perception of Care Survey Detailed Report

Child Applied Behavior Analysis (ABA) Survey Results

February 2023



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Survey Background

Background

- ▶ The Maryland Department of Health's mission is to support and promote recovery, resiliency, health, and wellness for individuals who have or are at risk for emotional, substance related, addictive, and/or psychiatric disorders. United Health Group, Optum Maryland supports its mission by conducting surveys to obtain feedback from participants and providers regarding the quality of care provided through Maryland's public behavioral health system (MPBHS).

Maryland Marketing Source, Inc. (MMS) partnered with Optum Maryland and the Maryland Department of Health (MDH) to administer three, participant satisfaction surveys.

Survey Methodology

Survey Population

- MMS employed a three-step, data collection method in order to accommodate a self-administered and participant-operated evaluation. Respondents could choose to participate via mail, online, or via telephone.
- Customer lists were provided by Optum, and MMS printed and mailed a survey package to each listed customer. Survey packages included an informational letter explaining the purpose of the study along with contact information and alternative options for completing the study (online or via telephone). Mailed packages also included a blank survey and one postage-paid, return envelope (see Appendices).
- Customer segments included in this study:
 - Caregivers of children who have received Applied Behavior Analysis (**ABA**) services.

Survey Procedure

- A total of 1,731 surveys were distributed. Among these, 242 Child ABA participants reported that they or the children they care for received services within the previous year and were able to continue and complete the survey.
- The full accounting of records is in the table below.

COUNTS	CHILD ABA
Population	1,731
Number of Records Received	1,731
Number of Mailed Survey Packages (*less excluded cases)	1,649
Number of Surveys Completed:	
• Via returned mail	59
• Online	18
• Via telephone	165
TOTAL COMPLETED SURVEYS (N) =	242

**Refers to unmailable addresses.*

Survey Stratification

- ▶ The regional breakdown of the child survey sample and the distribution of survey respondents are below.

Regions (Counties)	Child ABA	
	% Receiving Services	% Survey Participation
Baltimore City (Baltimore City)	11%	7%
Baltimore Metro (Anne Arundel, Baltimore County, Howard, Carroll, Cecil, Harford)	24%	16%
Capital Metro (Montgomery, Prince George's)	51%	65%
Eastern (Caroline, Dorchester, Kent, Queen Anne's, Somerset, Talbot, Wicomico, Worcester)	3%	3%
Western (Allegany, Frederick, Garrett, Washington)	7%	7%
South (Calvert, Charles, St. Mary's)	4%	3%

Survey Domains

- **The percent of positive responses for each domain were calculated using the following methods:**
 - Survey customers who did not respond to two third or more of a domain item were excluded from domain calculations .
 - The number of individuals whose responses on the domain were “satisfied” or “very satisfied” where at least 75% of items were counted and divided by the total number of respondents for the domain.
 - It is important to note that each chart/graph may not total exactly 100% due to the standard practice of rounding to the nearest tenth of a percent.
 - The total number of respondents who answered each specific question are reported, which in many cases could represent a subsample of the total number of survey respondents.
 - Further, questions which respondents declined to answer or responded with “Don’t Know”, “Does Not Apply”, or “No Opinion/Not Applicable” are excluded from analysis and reporting of those questions. This will also result in variances in the number of responses given to a particular question.

Child ABA Domains

Child ABA

ACCESS

- I am satisfied with the access to ABA providers.
- I am satisfied with the referrals of ABA providers.
- The location of services was convenient for us.
- The clinician offered service times that were convenient to me and my child.

PARTICIPATION IN TREATMENT

- I am satisfied with the total number of hours of therapy my child received.
- I am satisfied with the total of parent training hours I received.
- I felt comfortable asking questions about my child's treatment.
- Staff helped me understand my child's needs.
- I was able to give input in my child's treatment goals.

PROFESSIONALISM

- Staff treated me and my child with respect.
- The therapist was timely with scheduling and rescheduling appointments.
- Therapist demonstrated the skills to meet my child's needs.
- The clinician who provided parent training demonstrated the knowledge and skills to meet our needs.
- The supervisor demonstrated the knowledge and skills to meet my child's needs.
- Staff provided adequate communication about your child's progress.
- Staff coordinated care/treatment with other therapists or professionals.

EFFECTIVENESS OF SERVICES

- I am satisfied with the change in my child's problem behaviors.
- I am satisfied with the change in my child's social awareness and interactions with others.
- I felt am satisfied with my child's ability to remain focused.
- I am satisfied with the change in my child's language/communication skills.

CULTURAL SENSIVITY

- Staff spoke with me in a way that I understood.
- Staff respected my family's religious or spiritual belief.
- Staff were sensitive to my cultural or ethnic background.

SOCIAL CONNECTEDNESS

- I have people that I am comfortable talking with about my child's problems.
- In a crisis, I would have the support I need from family or friends.

SATISFACTION WITH SERVICES

- The services my child received were right for us.
- I got the help I wanted for my child.
- I got as much help as I needed for my child.
- Overall, I am satisfied with the therapy services my child received

Child ABA Survey Results

Respondent Profile

- ▶ Child ABA services were mostly utilized by *children 9 years of age or younger*.
- ▶ Children who received ABA services skewed *male*.
- ▶ Over two-thirds of children who received ABA services were *Black/African American (69%)*.

DEMOGRAPHIC PROFILES		CHILD ABA
Age	0-4 years	82%
	5-9 years	
	10-12 years	10%
	13-15 years	4%
	16-21	5%
Racial Identity	Black/African American	69%
	American Indian/Alaskan Native	1%
	Asian	5%
	Native Hawaiian/Pacific Islander	6%
	White/Caucasian	11%
Ethnicity	Other/Unknown	9%
	Spanish, Hispanic/Latinx	20%
Gender Identification	Male	78%
	Female	21%
	Transgender	<1%
	Don't know	--
	Other (Specify)	1%
Sexual Orientation	Heterosexual/Straight	86%
	Gay	---
	Lesbian	---
	Bisexual	1%
	Other	13%

Respondent Profile

DEMOGRAPHIC PROFILES		CHILD ABA
Living Situation	Private Residence	99%
	Homeless/Shelter	--
	Juvenile/Correctional Facility	--
	Other (Specify)	1%
Police Involvement	0 times	99%
	1 time	1%
	2 times	0%
	3 or more times	0%

- ▶ Overall, caregivers reported that the children receiving ABA services currently live in a private residence.
- ▶ Very few Child participants had interaction with law enforcement, specifically:
 - 2 Child ABA participants required police involvement.

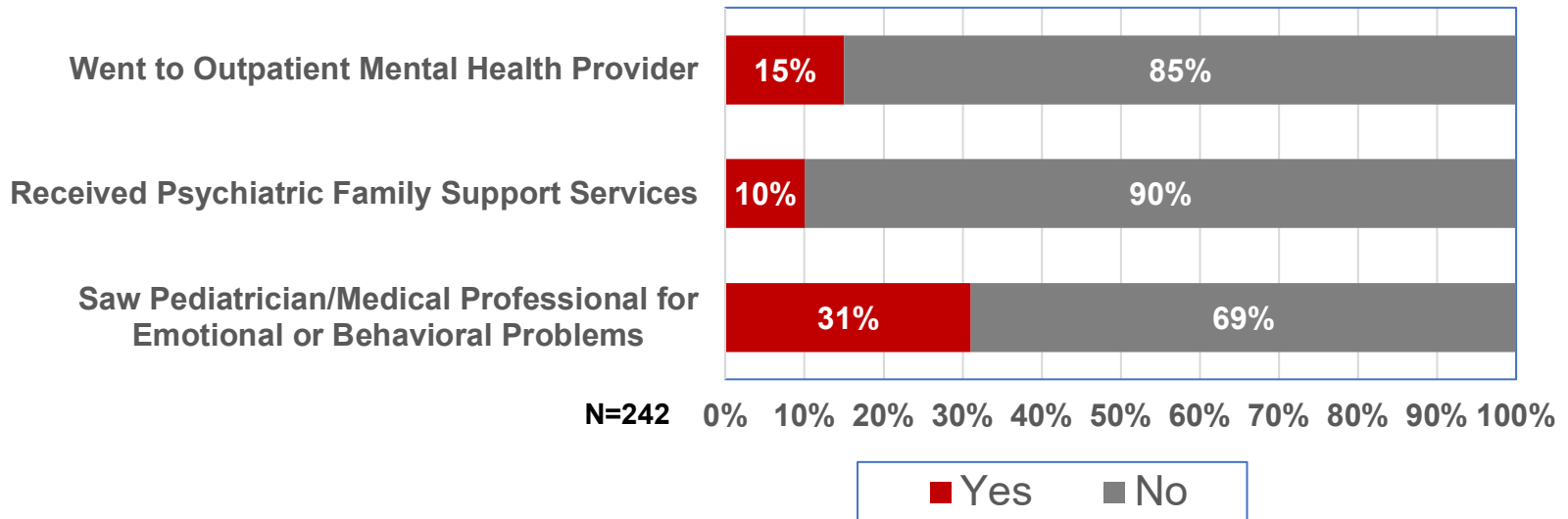
Child ABA – Services Received

- ▶ The vast majority of children who received ABA therapy, 87%, did so within their own **home**.
- ▶ The counties where ABA services were reportedly provided the most include:
 - Montgomery County (24%),
 - Baltimore County (17%), and
 - Prince George’s County (14%).

SERVICE AGENCY	CHILD ABA
Allegany County	--
Anne Arundel County	4%
Baltimore City	2%
Baltimore County	9%
Calvert County	--
Carroll County	<1%
Cecil County	2%
Charles County	1%
Frederick County	5%
Garrett County	<1%

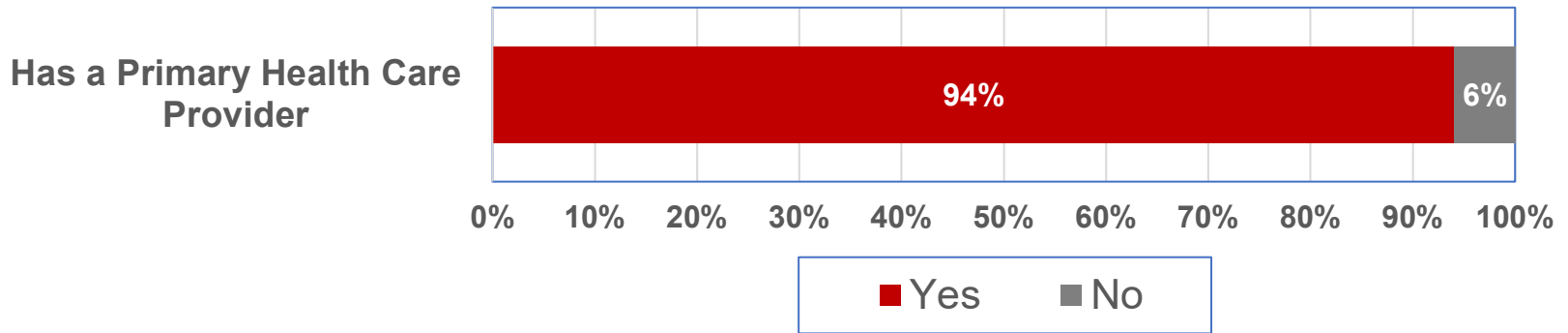
SERVICE AGENCY	CHILD ABA
Harford County	--
Howard County	5%
Mid-Shore Counties	1%
Montgomery County	32%
Prince George’s County	34%
St. Mary’s County	<1%
Washington County	3%
Wicomico/Somerset Counties	2%
Worcester County	--
Don’t Know	1%
Number of Respondents =	245

Child ABA – Mental Health Coordination of Care



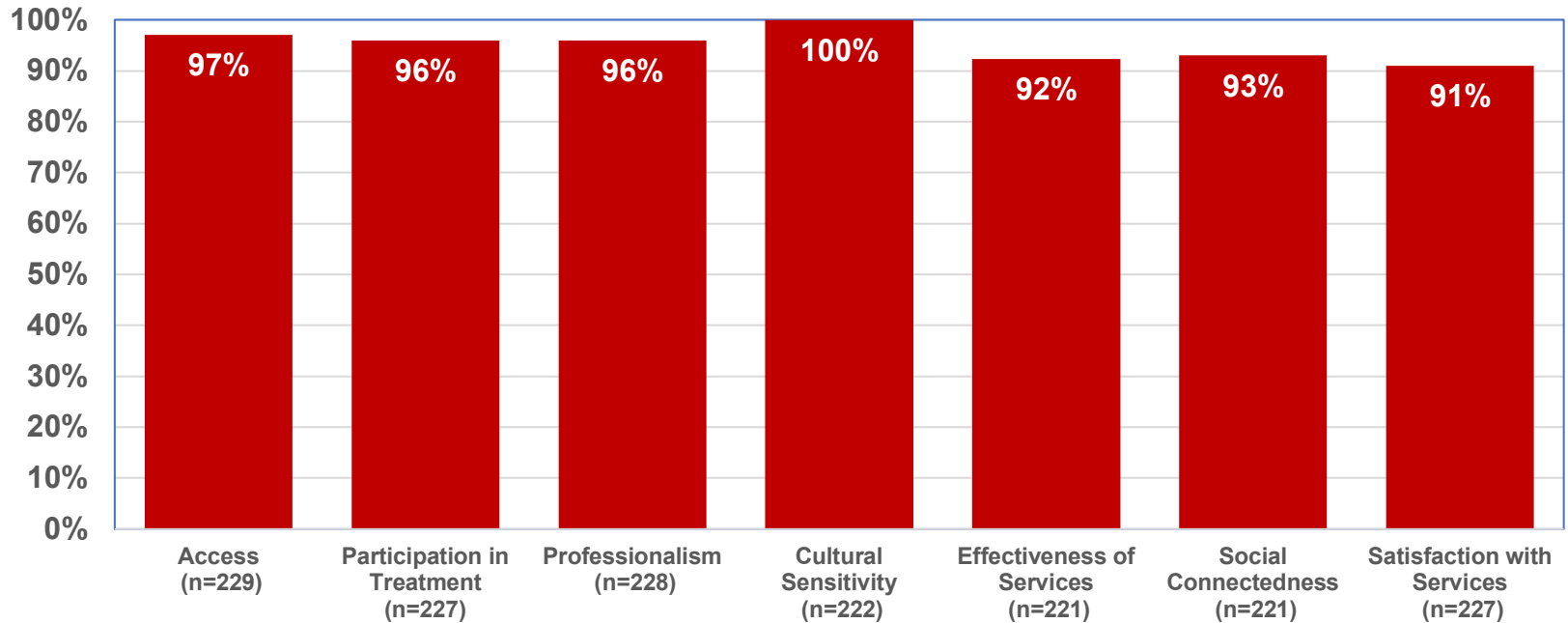
- In the past year, less than one fifth (15%) of the children receiving ABA services went to an **outpatient mental health provider**, such as a psychiatrist or counselor, whereas 10% received **psychiatric family support services** (i.e. psychiatric rehabilitation, respite care, after-school, mobile crisis, or case management services).
- Almost one third of ABA patients (31%) saw a **pediatrician or any other medical professional for an emotional or behavioral problems** in the past year.

Child ABA – Physical Health Coordination of Care



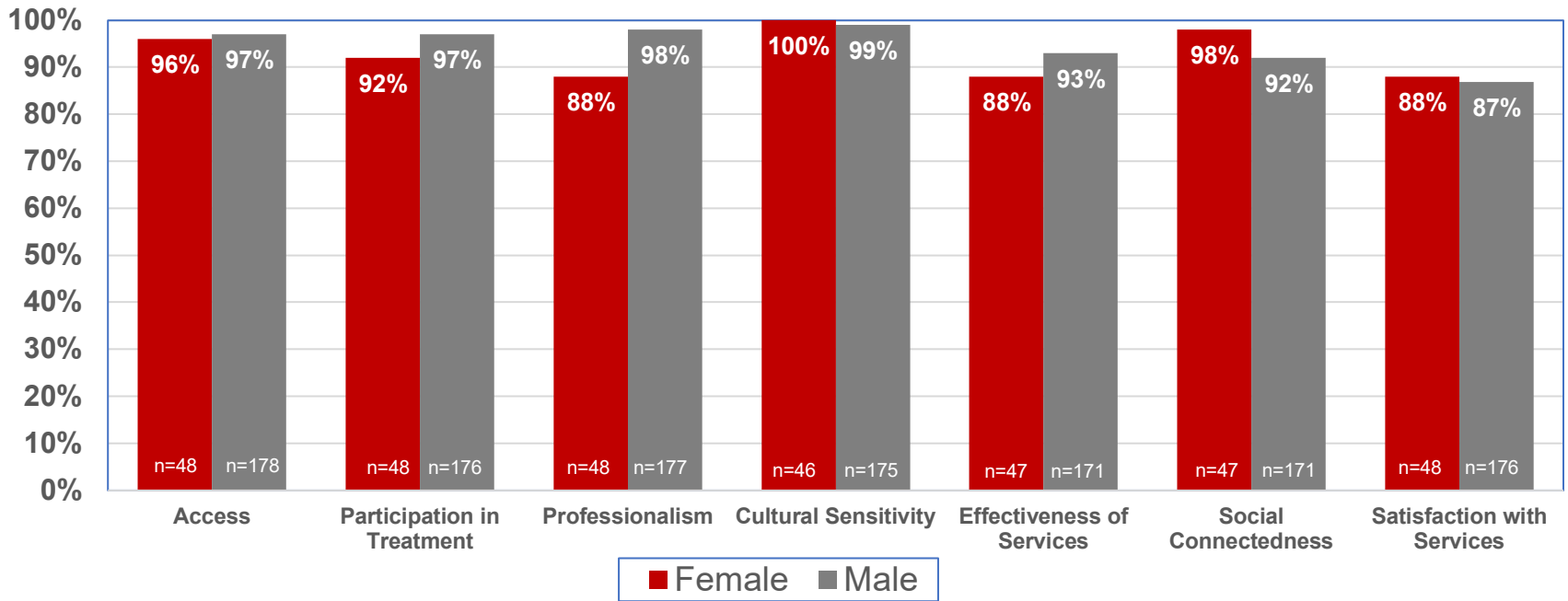
► Nine in ten of the caregivers surveyed (94%) report that their child **has a primary health care provider** for their physical health care needs.

Child ABA – Experiences of Care



► Caregivers reported high levels of satisfaction with the benefits from the ABA services their children received.

Child ABA – Experiences of Care by Gender



► Among caregivers of children who received ABA services, there were no notable differences by gender reported across each of the service domains.

Conclusions

Summary of Results for Child ABA Population

- ▶ Caregivers reported high levels of satisfaction with the benefits from the ABA services their children received.
- ▶ Caregivers reported no notable differences by gender across each of the service domains for children who received ABA services.

Appendices



DEPARTMENT OF HEALTH

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Secretary

Behavioral Health Administration

Lisa A. Burgess, M.D., Acting
Deputy Secretary Behavioral Health
55 Wade Avenue, SGHC/Voc. Rehab Building
Catonsville, MD 21228

May 17, 2022

Dear Parent or Guardian,

On behalf of the Maryland Department of Health, the Behavioral Health Administration (BHA), I would like to invite you to participate in a brief survey about your experiences as a user of behavioral health services in Maryland. The purpose of the survey is to learn about the unique experiences and opinions of individuals who have received behavioral health services in Maryland. Your feedback is important to us and will be used by BHA to improve the quality and effectiveness of behavioral health services provided across the state.

If you feel this survey has been sent to you in error, please disregard and discard this letter. Please note that:

- Your participation in this survey and your responses will be anonymous.
- There is no risk to you taking part in this survey.
- Your current services will not change in any way as a result of this survey.
- You may decide not to answer any question that you wish or to take part in this survey. The decision is yours.
- You may stop the survey at any time.

You may choose to participate in this survey by telephone, mail or online. Please see the back of this letter for details on participation options along with frequently asked questions about the survey, your rights as a participant, and services that you receive.

If you have questions about this survey or would like to have your name removed from this survey, please call Maryland Marketing Source, Inc. at 1-833-611-0355 weekdays between 9:00 AM to 8:00 PM.

Thank you very much for helping us by sharing your opinions.

Respectfully,

Lisa A. Burgess, MD
Acting Deputy Secretary/ Executive Director
Behavioral Health Administration


FREQUENTLY ASKED QUESTIONS

➤ ***What can I do if I want to take part in this survey?***

Please answer and mail back the completed survey in the enclosed postage paid envelope. You may also complete the survey online at the web address listed below. If we do not receive your survey in the next few weeks, you may receive a telephone call from Maryland Marketing Source asking you to participate in a telephone interview.

Please participate in the method most convenient for you:

Mail: Complete the enclosed questionnaire and mail it in the enclosed postage paid envelope to:
Maryland Marketing Source, Reference Project # 4614 **OR** Ask for CASPER
PO BOX 798
Owings Mills, MD 21117

Online: Click the personalized web-link included on your paper survey (looks like:
<http://www.surveysoftware.net/cgi-bin/tssw12.cgi?f=4614-22STUDY++XXXXXXXXXXXXXXXXXX>)
OR scan the unique, QR code with your preferred device (looks like: ).

Phone Interview: Phone interviews will be conducted starting {date}. Call Maryland Marketing Source, Inc. at your convenience weekdays 9:00 AM to 8:00 PM at 1-833-611-0355.

➤ ***What if I do not want to participate in the survey?***

You may choose not to complete the survey at any time or call Maryland Marketing Source, Inc. at 1-833-611-0355 to request that your name be removed from the survey list. You may speak directly to a representative between the hours of 9:00 AM to 8:00 PM Monday through Friday, or you may leave a message.

➤ ***How long will it take to participate in the survey?***

The survey will take between 5 to 8 minutes.

➤ ***What if I have questions about the survey itself?***

Call Tamisha Smith, Director of Quality Assurance, Optum Maryland at 1-443-896-0487.

➤ ***What if I have questions about my rights as a survey participant?***

Call Gay Hutchen Administrator of the Institutional Review Board, 201 W. Preston Street, Baltimore, MD 212201 at 1-410-767-8448.

➤ ***What if I have questions regarding the mental health or substance use services I receive?***

Call Optum Maryland at 1-800-888-1965.

Notice of Non-Discrimination and Accessibility

Optum complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Optum does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Optum:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Customer Service at 1-800-888-1965.

If you believe that Optum has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our Complaints Coordinator at:

Optum Civil Rights Coordinator
11000 Optum Circle
Eden Prairie, MN 55344
Fax: 855-351-5495
Email: **Optum_Civil_Rights@Optum.com**

You can file a grievance by mail, fax or email. If you need help in filing grievance, our Complaints and Grievance Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services 200
Independence Avenue, SW
Room 509F, HHH Building Washington, D.C.
20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-888-1965; TTY (711)

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-888-1965; TTY (711)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-888-1965; TTY (711) 번으로 전화해 주십시오.

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-888-1965; TTY: (711).

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-888-1965; TTY (711).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-888-1965; TTY: (711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-888-1965; телетайп: TTY: (711).

ማስታወሻ: የሚናገሩት ቋንቋ ኣማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 1-800-888-1965; ሙስማት ለተሳናቸው: TTY: (711) .

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں

1-800-888-1965; TTY: (711)

توجہ: اگر بہ زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما

فراہم می باشد. با 1-800-888-1965; TTY: (711) تماس بگیرید.

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-888-1965; TTY: 1-(711).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-888-1965; TTY: 1-(711).

Dè dɛ nià kɛ dyédé gbo: ɔ jũ ké m̄ [Bàsɔ̀̀-̀̀wùd̀̀-̀̀po-nyò̀̀] jũ ní, nìí, à wuɖu kà kò d̀̀ò po-poò béin m̄ gbo kpáa. Đá 1-800-888-1965; TTY: 1-(711).

Ntj: Ọ bụrụ na asụ lbo, asụsụ aka ọasụ n'efu, defu, aka. Call 1-800-888-1965; TTY: 1-(711).

AKIYESI: Bi o ba nsọ èdè Yorùbú ọfé ni iranlọwọ lori èdè wa fun yin o. Ẹ pe ẹrọ-ibanisọrọ yi 1-800-888-1965; TTY: 1-(711).

What is your child's ethnicity? <input type="checkbox"/> Spanish, Hispanic/Latinx <input type="checkbox"/> Not Spanish, Hispanic/Latinx	Please identify your child's race: <i>Check all that apply</i> <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Other/Unknown
Please identify your child's sexual orientation below: <input type="checkbox"/> Heterosexual/ Straight <input type="checkbox"/> Gay <input type="checkbox"/> Lesbian <input type="checkbox"/> Bisexual <input type="checkbox"/> Other	What is your child's current living situation? <input type="checkbox"/> Private Residence <input type="checkbox"/> Foster Home/Foster Care <input type="checkbox"/> Homeless <input type="checkbox"/> Other Residential Status (Specify) _____

↑ **FOLD AND TAPE SHUT** ↑

In the past 30 days, about how many days has your child been absent from school? Number of Days _____ <input type="checkbox"/> Don't Know/Not Sure	Over the past 12 months has your child been expelled/ suspended from school? <input type="checkbox"/> Yes If yes, how many times _____ <input type="checkbox"/> No.
In the past 30 days, how many times has your child required police involvement? Number of Days _____ <input type="checkbox"/> Don't Know/Not Sure	In the past 30 days, how many nights has your child spent in a juvenile correctional facility? Number of Days _____ <input type="checkbox"/> Don't Know/Not Sure
In the past year my child's encounters with the police have _____ <input type="checkbox"/> Reduced (fewer encounters) <input type="checkbox"/> Stayed the same <input type="checkbox"/> Increased <input type="checkbox"/> Not Applicable <input type="checkbox"/> No Response	

**APPLIED BEHAVIOR ANALYSIS
Consumer Perception of Care-Child Caregiver Survey**

Survey questions were adapted from the Mental Health Statistics Improvement Program (MHSIP) - Consumer Surveys and also include other selected items of interest.

APPLIED BEHAVIOR ANALYSIS (ABA) AND OUTPATIENT MENTAL HEALTH SERVICES		
In the past year, did your child receive ABA therapy? <input type="checkbox"/> Yes <input type="checkbox"/> No	What was the primary location that ABA therapy was provided? <input type="checkbox"/> Home <input type="checkbox"/> Community <input type="checkbox"/> School <input type="checkbox"/> Clinic	
In which County do you receive service? <input type="checkbox"/> Allegany County <input type="checkbox"/> Anne Arundel County <input type="checkbox"/> Baltimore City <input type="checkbox"/> Baltimore County <input type="checkbox"/> Calvert County <input type="checkbox"/> Carroll County <input type="checkbox"/> Cecil County <input type="checkbox"/> Charles County <input type="checkbox"/> Dorchester County <input type="checkbox"/> Frederick County <input type="checkbox"/> Garrett County <input type="checkbox"/> Harford County <input type="checkbox"/> Howard County <input type="checkbox"/> Kent County <input type="checkbox"/> Montgomery County <input type="checkbox"/> Prince George's County <input type="checkbox"/> Queen Anne County <input type="checkbox"/> Somerset County <input type="checkbox"/> St. Mary's County <input type="checkbox"/> Talbot County <input type="checkbox"/> Washington County <input type="checkbox"/> Wicomico County <input type="checkbox"/> Worcester County <input type="checkbox"/> Don't Know		

In the past year, did your child go to an outpatient mental health provider, such as a psychiatrist or counselor? <input type="checkbox"/> Yes <input type="checkbox"/> No	In the past year, did your child receive psychiatric family support services, including psychiatric rehabilitation, respite care, after-school, mobile crisis, or case management services? <input type="checkbox"/> Yes <input type="checkbox"/> No
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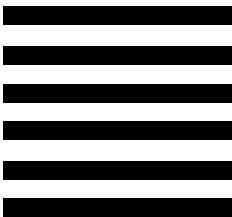
PHYSICAL HEALTH SERVICES	
In the past year, did your child see a pediatrician or any other medical professional for an emotional or behavioral problem? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does your child have a primary health care provider for his/her physical health care needs? <input type="checkbox"/> Yes <input type="checkbox"/> No
In the past year, did your child see a pediatrician or any other medical professional for an emotional or behavioral problem? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is your child on medication for emotional or behavioral problems? <input type="checkbox"/> Yes <input type="checkbox"/> No
If your child is on medication, did the doctor or nurse tell you and/or your child what side effects to watch for? <input type="checkbox"/> Yes <input type="checkbox"/> No	



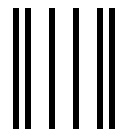
OWINGS MILLS MD 21117-9821
 PO BOX 798
 MARYLAND MARKETING SOURCE, INC
 BEHAVIORAL HEALTH SERVICES STUDY

POSTAGE WILL BE PAID BY ADDRESSEE

BUSINESS REPLY MAIL
 FIRST-CLASS MAIL PERMIT NO. 461 OWINGS MILLS, MD



NO POSTAGE
 NECESSARY
 IF MAILED
 IN THE
 UNITED STATES



Please respond to the following questions as they relate to your child receiving ABA therapy:

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	No Opinion/ Not Applicable
GOOD ACCESS TO SERVICE						
I am satisfied with the access to ABA providers.						
I am satisfied with the referrals of ABA providers?						
The location of services was convenient for us.						
Services were available at times that were convenient for us.						
I am satisfied with the timeliness of scheduling and rescheduling of appointments.						
PARTICIPATION IN TREATMENT						
I am satisfied with the total number of hours of therapy my child received.						
I am satisfied with the total of parent training hours I received.						
Staff helped me understand my child's needs.						
I helped choose my child's treatment goals.						
I was frequently involved in my child's treatment.						
I felt comfortable asking questions about my child's treatment.						
I am satisfied with the level of communication about my child's progress.						
PROFESSIONALISM						
The therapist was timely with scheduling and rescheduling appointments.						
Therapist demonstrated the skills to meet my child's needs.						
The clinician who provided parent training demonstrated the knowledge and skills to meet our needs.						
The supervisor demonstrated the knowledge and skills to meet my child's needs.						
Staff provided adequate communication about your child's progress.						
Staff coordinated care/treatment with other therapists or professionals.						
Staff treated me with respect.						
CULTURAL SENSITIVITY						
Staff spoke with me in a way that I understood.						
Staff respected my family's religious or spiritual beliefs.						
Staff were sensitive to my cultural or ethnic background.						

The below statements ask how your child may have benefited from the services that he/she received.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	No Opinion/ Not Applicable
POSITIVE OUTCOMES						
My child is better at handling daily life.						
My child gets along better with family members.						
My child is doing better in school and/ or work.						
I am satisfied with the change in my child's social awareness and interactions with others.						
My child is better able to control his or her behavior.						
I am satisfied with my child's ability to remain focused.						
I am satisfied with the change in my child's language/ communication skills.						
My child is better able to cope when things go wrong.						
I am satisfied with our family life right now.						
My child is better able to do things he or she wants to do.						
SOCIAL CONNECTEDNESS						
I know people who will listen and understand me when I need to talk.						
I have people that I am comfortable talking with about my child's problems.						
In a crisis, I would have the support I need from family or friends.						
I have people with whom I can do enjoyable things.						
SATISFACTION WITH SERVICES						
The people helping my child stuck with us no matter what.						
The services my child and/or family received were right for us.						
My family got the help we wanted for my child.						
My family got as much help as we needed for my child.						
Overall, I am satisfied with the services my child received.						

QUALITY OF LIFE	
Now, thinking about your child's mental health, which includes stress, depression, and problems with emotions, for about how many days during the past 30 days would you say your child's mental health was not good? Number of Days _____ <input type="checkbox"/> Don't Know/Not Sure	Now, thinking about your child's physical health, which includes physical illness and injury, for about how many days during the past 30 days would you say your child's physical health was not good? Number of Days _____ <input type="checkbox"/> Don't Know/Not Sure

DEMOGRAPHICS: TELL US ABOUT YOUR CHILD.	
Select your child's gender identification below: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> I don't know <input type="checkbox"/> Other Specify) _____	In which age group does your child fall? <input type="checkbox"/> 0-9 <input type="checkbox"/> 10-12 <input type="checkbox"/> 13-15 <input type="checkbox"/> 16-21