

**Washington State Child Wellness Survey**  
English Web Survey Script  
Updated September 2024



**FAQS and considerations**

- This document provides a list of ALL questions that are on the Child Wellness Survey. Refer to the legend at the top to learn more about the questions asked to participants with a child in the 6 months – 5 years age range, and 6 – 11 years age range. The legend also highlights questions that are asked of all families.
- The participants' responses to questions will prompt specific questions and skip patterns in the actual survey. For instance, if they answer “no” to your child ever being breast / chest fed or fed breast milk”, then the following questions on how old the child was when they completed stopped breastfeeding / chest feeding or being fed breast milk will not be asked.
- For more information and FAQs, please visit - [Washington Child Wellness Survey – The 2024 WA Child Wellness Survey Page \(wachildsurvey.com\)](https://www.washingtonstate.gov/ChildWellnessSurvey) or the Washington State website at: [www.doh.wa.gov/ChildWellnessSurvey](http://www.doh.wa.gov/ChildWellnessSurvey)
- Text in **bold blue** are variable names. Curly brackets {} denote a text fill or change based on interview mode.

**Highlight Color Legend and Abbreviations:**

Questions pertaining to families with a 6 months - 5 years old child: **yellow**

Questions pertaining to families with a 6-11 years old child: **pink**

Questions pertaining to both age groups: **gray**

Skip patterns: **green**

“Qs” or “Q” is referring to “questions” or “question”

## WEB SURVEY

NOTE: HYPERLINK WILL OPEN A SEPARATE WINDOW IN THE BROWSER WITH THIS INFO:

If you have questions or concerns about the survey, you can send an email to [child.welless@doh.wa.gov](mailto:child.welless@doh.wa.gov) or leave a voicemail at 844-880-9800 and the coordinator at the Washington State Department of Health will return your call. You can also reach [Market Decisions Research](#), if you are having trouble accessing the survey, for questions on the gift card, technical issues, or if you would like to complete the survey on the phone. Please call 1-800-293-1538 ext. 1700.

For more information about this survey, you can visit our website at <http://www.doh.wa.gov/ChildWellnessSurvey>

## WEBINTRO

Thank you for taking the time to complete the **Washington State Child Wellness Survey** funded by Foundational Public Health Services and administered by the Washington State Department of Health! Everyone who is part of the random sample and who completes the survey as well as meets our basic quality checks will receive a \$20 gift card after completing the survey.\*

This is our first year administering this survey for parents and caregivers with at least one child the age of 6 months to 11 years old. The survey questions are designed to help us understand the experiences of young families in Washington.

We want to acknowledge that parents and caregivers are busy and have many demands on their time. **The survey should take about 20 minutes. Your survey responses and identity will remain anonymous.** Participation in this survey is also voluntary. You may refuse to participate or choose to withdraw at any time without penalty or loss of any services or benefits to which you are otherwise entitled. You may skip questions you'd prefer to not answer. To be eligible for the incentive, you will need to complete the survey, however.

We have randomly selected one child per household, to make this survey even faster. **You can skip any question or stop participating at any time.** The questions will ask about your child's health, your family's strengths, and your community.

Please answer questions about {**CHILDNAME**} only. The survey should be completed by an adult who is familiar with this child's health and daily life. Please be honest and accurate to the best of your ability in your responses.

Throughout the survey, please use the NEXT and BACK buttons to move between pages. **Do not use the Forward and Back buttons on your browser.** If you need to take a break, simply close the browser window. Your responses will be saved to that point, so when you return the survey will start where you left off (**please keep your access code to be able to log in again**). If you need assistance or would like to finish part of the survey with an interviewer in {**Language**} please call our toll-free number, 1-800-293-1538 ext. 1700 and leave a message with your name, phone

number, and that you speak {Language}. An interviewer will then call you to schedule a time to complete the survey.

Thank you in advance for taking the time to answer the questions for this survey!

~~~~~ **START OF SURVEY** ~~~~~

Display Qs 1-2 to both age groups (6 months – 5 years; and 6 – 11 years).

## **COUNTY OF RESIDENCE AND ZIP CODE**

1. Which county do you currently live in?

- Adams
- Asotin
- Benton
- Chelan
- Clallam
- Clark
- Columbia
- Cowlitz
- Douglas
- Ferry
- Franklin
- Garfield
- Grant
- Grays Harbor
- Island
- Jefferson
- King
- Kitsap
- Kittitas
- Klickitat
- Lewis
- Lincoln
- Mason
- Okanogan
- Pacific
- Pend Oreille
- Pierce
- San Juan
- Skagit
- Skamania
- Snohomish

- Spokane
- Stevens
- Thurston
- Wahkiakum
- Walla Walla
- Whatcom
- Whitman
- Yakima

2. What is the ZIP Code where you currently live?

## ABOUT THE CHILD

Before we begin the survey, we wanted to ask a few general questions to get to know {CHILDNAME} a little better.

Web: The next two questions ask about {CHILDNAME}'s race, ethnicity, and sex.

Display Qs 3-4 to both age groups (6 months – 5 years; and 6 – 11 years).

3. Which categories describe this child? *Select ALL that apply.*

Web: *If none of these categories describes this child, please write in the category in the “Another race” option below.*

- American Indian or Alaska Native
- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Cambodian
- Another Asian group (specify)
- Black or African American
- Somali
- Ethiopian
- Another African ancestral group (specify)
- Mexican, Mexican American, Chicano
- Cuban or Puerto Rican
- Another Latiné/o/a group (specify)
- Middle Eastern or North African
- Native Hawaiian
- Samoan
- Guamanian or Chamorro
- Another Pacific Islander group (specify)

- v) White
- w) Another race, ancestry, or ethnic origin (specify)

4. What sex was recorded at birth on this child’s original birth certificate?

- a) Female
- b) Male

## THIS CHILD’S HEALTH

Display Q-5 in years or months if the child is 5 years old or younger. Ask for age in years only if older than 5.

Web: First are some general questions about {CHILDNAME} and their health.

5. How old is {CHILDNAME}? *Please only write age in years or months, not both.*

Age in years: \_\_\_ (Range 0-5: 1-5; K-5: 4-12)

**OR**

Age in months: \_\_\_ (Range 0-5: 0-60)

Display Qs 6-7 to both age groups (6 months – 5 years; and 6 – 11 years).

6. In general, how would you describe this child’s health?

- a) Excellent
- b) Very good
- c) Good
- d) Fair
- e) Poor

7. Does this child need or use more medical care, mental health, or educational services than is usual for most children of the same age?

- a) Yes
- b) No

Display Q-8 and rows A, B, C, and D if the child is 6 months to 5 years old. Show rows C, E to K if the child is older than 5.

8. How well do each of the following phrases describe this child?

|                                                    | Definitely true | Somewhat true | Not true |
|----------------------------------------------------|-----------------|---------------|----------|
| a. This child is affectionate and tender with you. |                 |               |          |

|                                                                      |  |  |  |
|----------------------------------------------------------------------|--|--|--|
| b. This child recovers quickly when things do not go their way.      |  |  |  |
| c. This child shows interest and curiosity in learning new things.   |  |  |  |
| d. This child smiles and laughs a lot.                               |  |  |  |
| e. This child works to finish tasks they start.                      |  |  |  |
| f. This child stays calm and in control when faced with a challenge. |  |  |  |
| g. This child cares about doing well in school.                      |  |  |  |
| h. This child does all required homework.                            |  |  |  |
| i. This child is bullied, picked on, or excluded by other children.  |  |  |  |
| j. This child bullies others, picks on them, or excludes them.       |  |  |  |
| k. This child argues too much.                                       |  |  |  |

Display Qs 9-11 to both age groups (6 months – 5 years; and 6 – 11 years).

**9. DURING THE PAST 12 MONTHS**, have you or another caregiver filled out a questionnaire about specific concerns or observations you may have about this child’s development or behaviors? *For example, a questionnaire or checklist that has skills and milestones that are commonly seen during a specific age range. Many pediatricians, child care providers, preschools, and home visitors offer these at least annually for babies and young children.*

- a) Yes
- b) No

**10.** Is this child limited or prevented in any way in their ability to do the things most children of the same age can do?

- a) Yes
- b) No

**11.** Has a doctor, other health care provider, or educator **EVER** told you that this child has any of the below? *Examples of educators are teachers, school nurses, home visitors, and early learning specialists.* **Select all that apply.**

- a) Developmental delay or disability
- b) Emotional or behavioral condition
- c) Physical disability
- d) Other disability not listed here: (please specify) \_\_\_\_\_
- e) None

## THIS CHILD AS A BABY

Display Qs 12-14 if child is 6 months to 5 years old.

Skip to Q-15 if child is older than 5 years old.

The next few questions ask about breastfeeding/chestfeeding.

**12.** Was {CHILDNAME} **EVER** breastfed/chestfed or fed breast milk?

- a) Yes
- b) No

Display Q-13 if the answer to Q-12 was, “yes”. If the answer was, “no”, skip to question #15.

**13.** How old was this child when they **COMPLETELY** stopped breastfeeding/chestfeeding or being fed breast milk?

- a) Days: \_\_\_ \_\_\_ (Range: 0-365)
- b) *OR* Weeks: \_\_\_ (Range: 0-52)
- c) *OR* Months: \_\_\_ (Range: 0-60)
- d) This child is still breastfeeding.

**14.** How old was this child when they were **FIRST** fed anything other than breast milk? *This includes formula.*

- a) At birth  
At this age:
- b) Days: \_\_\_ \_\_\_ (Range: 0-365)
- c) *OR* Weeks: \_\_\_ (Range: 0-52)
- d) *OR* Months: \_\_\_ (Range: 0-60)
- e) This child has never been fed anything other than breast milk.

Web: The next group of questions ask about health care services for {CHILDNAME} **in the last 12 months.**

## HEALTH CARE SERVICES

Display Qs 15-16 to both age groups (6 months – 5 years; and 6 – 11 years).

**15. DURING THE PAST 12 MONTHS,** did this child need a referral to see any doctors or receive any services?

- a) Yes
- b) No

Display Q-16 if participant answered, “yes” for Q-15.

16. How much of a problem was it to get referrals?

- a) Not a problem
- b) Small problem
- c) Big problem

## THIS CHILD’S SCHOOLING

Display Q-17 if the child is 6-11 years old.

Skip to Q-18 if the child is 0-5.

17. **DURING THE PAST 12 MONTHS**, how many times has **{this childname’s}** school contacted you or another adult in your household about any problems this child is having with school?

- a) No times
- b) 1 time
- c) 2 or more times

Display Q-18 if the child is 6 months to 5 years old. Skip to Q-19 if child is 6-11 years old.

Web: Now the questions will ask about child care for **{CHILDNAME}** in the last 12 months.

18. **IN THE LAST 12 MONTHS**, what is your primary source of child care for **{CHILDNAME}**?

- a) Child care center or full-day preschool
- b) A relative, friend, or neighbor
- c) In-home child care provider (licensed)
- d) Baby-sitter/nanny
- e) Partial day preschool/Pre-K
- f) Head Start/Early Childhood Education and Assistance Program (ECEAP)
- g) This child attends kindergarten
- h) Parent cares for this child or child needs occasional care only
- i) No regular care



Display Q- 19 if the child is 6-11 years old.

The next group of questions are about before and after-school care for {CHILDNAME}.

**19.** What regular sources of before or after-school arrangements do you use for this child? *Select ALL that apply.*

- a) Community program such as Boys' and Girls' Club or Parks and Recreation program
- b) Program on site at this child's school
- c) Child care center
- d) In-home child care provider
- e) Baby-sitter/nanny
- f) A grandparent or another friend or family member
- g) Parent cares for this child
- h) No regular care; occasional care only

Display Q-20 as, "How well does this child's primary childcare..." if the child is 6 months to 5 years old.

Display Q- 20 as, "Please think about the place where this child spends the most amount of time before and after school. How well does this before and after-school care program..." if the child is 6 to 11 years old.

**20.**

|                                                                                                   | Excellent | Good | Fair | Poor |
|---------------------------------------------------------------------------------------------------|-----------|------|------|------|
| a. Provide a nurturing environment for children of the same age as [CHILD]?                       |           |      |      |      |
| b. Help children be ready to learn in school, for children of the same age as [CHILD]?            |           |      |      |      |
| c. Teach children how to get along with other children, for children of the same age as [CHILD]?) |           |      |      |      |
| d. Meet your family's cultural or language needs?                                                 |           |      |      |      |
| e. Provide safety for children of the same age as [CHILD]?                                        |           |      |      |      |
| f. Meet your budget?                                                                              |           |      |      |      |
| g. Provide flexibility for parents who use this child care?                                       |           |      |      |      |

Display Q- 21 if the child is 6 months to 11 years old.

**21. IN THE LAST 12 MONTHS**, have you had challenges finding childcare for **{CHILDNAME}** that met your family's needs?

- a. Yes
- b. No

Display Q-22 if the child is 6 months to 5 years old and Q-21 was answered, "yes".

**22.** Please answer the following statements about **why** you had challenges with child care. *Select ALL that apply.*

Web: I had challenges finding child care for **{CHILDNAME}**...

- a. ...that we/I could afford.
- b. ...that accepted a subsidy such as Working Connections.
- c. ...at convenient locations.
- d. ...at the hours we/I needed.
- e. ...because there were no slots or space available.
- f. ...that met my child's health or developmental needs.
- g. ...that met our family's cultural or language needs.
- h. ...due to another challenge. (Please specify) \_\_\_\_\_

Display Q- 23 below if child is 6 to 11 years old.

Please say if you agree or disagree with the following statement.

**23.** I am satisfied with the before and after-school program options available to **{CHILDNAME}**.

- a) Agree
- b) Disagree

Display Q- 24 below if response to Q-23 is, "disagree".

**24.** I am dissatisfied with the before and after-school program options available to this child because... *Select ALL that apply.*

- a) Programs are too expensive
- b) This child does not have a way to get to or from programs
- c) Hours of operation do not meet my needs
- d) Programs are not available in my community
- e) Programs in my community are not culturally appropriate
- f) Another reason (please specify)

Display Qs 25 and 26 if child is 6 months – 5 years old.

**25. IN THE PAST 12 MONTHS**, have you ever sent this child to school or daycare when they were sick?

- a) Yes
- b) No
- c) This child does not attend school or daycare

**26. IN THE PAST 12 MONTHS,** how many times did you miss work or school because your child care arrangement was not reliable?

- a) No times
- b) 1-2 times
- c) 3 – 4 times
- d) 5 or more times

## ABOUT YOU AND THIS CHILD

Display Q-27 for both age groups (6 months – 5 years; and 6 – 11 years).

You are more than halfway finished! Thank you for your answers so far!

**27. DURING THE PAST 12 MONTHS,** was there someone that you could turn to for day-to-day emotional support with parenting or raising children?

- a) Yes
- b) No

Display Q-28 if child is 6 months to 11 years old.

**28.** Please say how much you agree or disagree with each of the following statements about your life.

|                                                                                         | Strongly Agree | Agree | Neither Agree nor Disagree | Disagree | Strongly Disagree |
|-----------------------------------------------------------------------------------------|----------------|-------|----------------------------|----------|-------------------|
| a. I feel like I'm always telling my child no or stop.                                  |                |       |                            |          |                   |
| b. How I respond to my child(ren) depends on how I'm feeling.                           |                |       |                            |          |                   |
| c. It is important to show that I understand your child's feelings when they misbehave. |                |       |                            |          |                   |
| d. Parents/caregivers have a big impact on how their child(ren) turn out.               |                |       |                            |          |                   |

## ABOUT YOUR FAMILY, HOUSEHOLD, AND NEIGHBORHOOD

Display Qs 29 and 30 to both age groups (6 months – 5 years; and 6 – 11 years)

The next group of questions asks about your family, household, and neighborhood.

|                                                                                                       |                               |
|-------------------------------------------------------------------------------------------------------|-------------------------------|
|                                                                                                       | Enter Number<br>(Range: 0-50) |
| <b>29.</b> Including yourself, how many family members usually live or stay at your address?          |                               |
| <b>30.</b> How many of the family members living at your address are children ages 0 to 17 years old? |                               |

Display Qs 31 and 32 if child is 6 months – 5 years old.

### DURING THE PAST WEEK...

|                                                                                                          | 0 days | 1 to 3 days | 4 to 6 days | Every day |
|----------------------------------------------------------------------------------------------------------|--------|-------------|-------------|-----------|
| <b>31.</b> ...on how many days did you or other family members read to or with this child?               |        |             |             |           |
| <b>32.</b> ...on how many days did you or other family members tell stories or sing songs to this child? |        |             |             |           |

Display Qs 33-35 to both age groups (6 months – 5 years; and 6 – 11 years)

**33.** Please say how much you agree or disagree with each of the following statements about your life.

|                                                                                   | Strongly Agree | Agree | Neither Agree nor Disagree | Disagree | Strongly Disagree |
|-----------------------------------------------------------------------------------|----------------|-------|----------------------------|----------|-------------------|
| My family has the strength to solve problems that happen in our lives.            |                |       |                            |          |                   |
| Even though it may not be easy, I find ways to help my family through challenges. |                |       |                            |          |                   |
| Our family traditions are important to us.                                        |                |       |                            |          |                   |

**34.** Since this child was born, how often did your family not have enough money to pay for...

|                          | All of the time | Most of the time | Some of the time | None of the time | Not applicable |
|--------------------------|-----------------|------------------|------------------|------------------|----------------|
| a. ...housing            |                 |                  |                  |                  |                |
| b. ...food               |                 |                  |                  |                  |                |
| c. ...transportation     |                 |                  |                  |                  |                |
| d. ...child care         |                 |                  |                  |                  |                |
| e. ...health care        |                 |                  |                  |                  |                |
| f. ...diapers or formula |                 |                  |                  |                  |                |
| g. ...reliable internet  |                 |                  |                  |                  |                |

**35.** Thinking about your neighborhood and community, how much do you agree with the following statements?

|                                                                                   | Definitely agree | Somewhat agree | Somewhat disagree | Definitely disagree |
|-----------------------------------------------------------------------------------|------------------|----------------|-------------------|---------------------|
| a. People in this neighborhood help each other out.                               |                  |                |                   |                     |
| b. We watch out for each other's children in this neighborhood.                   |                  |                |                   |                     |
| c. This child is safe in our neighborhood.                                        |                  |                |                   |                     |
| d. When we encounter difficulties, we know where to go for help in our community. |                  |                |                   |                     |

Display Q-36 if child is 6 – 11 years old.

**36.** Other than you or other adults in your home, is there at least one other adult in this child's school, neighborhood, or community who knows this child well and who they can rely on for advice or guidance?

- a) Yes
- b) No

Display Qs 37 and 38 to both age groups (6 months – 5 years; and 6 – 11 years)

## ABOUT THIS CHILD

Please remember that all your answers are confidential, and results will be combined across families so that no family or individual can be identified.

**37.** How long has {childname} lived in WA?

- a) Less than 1 year
- b) 1-3 years
- c) 4+ years

**38.** How long has {childname} lived in this current residence?

- a) Less than 1 year
- b) 1-3 years
- c) 4+ years

Display Q-39 if child is 2 or older.

**39.** How does this child currently identify? Web: *Select all that apply.*

- a) Female
- b) Male
- c) Non-binary
- d) Transgender
- e) I'm not sure
- f) Something else (please specify)

Display the remaining questions to both age groups: (6 months – 5 years; and 6 – 11 years)

## ABOUT YOU

**40.** How are you related to this child?

- a) Birthing parent/biological mother
- b) Other biological parent
- c) Adoptive parent
- d) Foster parent
- e) Step-parent
- f) Aunt or uncle
- g) Other relative
- h) Other non-relative

**41.** In general, do you feel your mental or emotional health is...

- a) Excellent
- b) Very good
- c) Good
- d) Fair

e) Poor

**42.** What is your age?

Age in years: \_\_\_ (Range: 15–99)

**43. IN THE LAST 12 MONTHS**, how often have you experienced discrimination because of your race, ethnicity, or color, such as being prevented from doing something, hassled, or made to feel inferior in any situation?

- a) Never (I did not experience this)
- b) Once
- c) 2-3 times
- d) 4 or more times

**44.** Which categories describe you? *Select ALL that apply.*

*Web: If none of these categories describes you, please write in the category in the “Another race” option below.*

- a) American Indian or Alaska Native
- b) Asian Indian
- c) Chinese
- d) Filipino
- e) Japanese
- f) Korean
- g) Vietnamese
- h) Cambodian
- i) Another Asian group (specify)
  
- j) Black or African American
- k) Somali
- l) Ethiopian
- m) Another African ancestral group (specify)
  
- n) Mexican, Mexican American, Chicano
- o) Cuban or Puerto Rican
- p) Another Latiné/o/a group (specify)
  
- q) Middle Eastern or North African
- r) Native Hawaiian
- s) Samoan
- t) Guamanian or Chamorro
- u) Another Pacific Islander group (specify)
- v) White
- w) Another race, ancestry, or ethnic origin (specify)

45. How do you currently identify? Web: *Select all that apply.*

- a) Female
- b) Male
- c) Non-binary
- d) Transgender
- e) Questioning
- f) Something else (please specify)

46. Do you consider yourself to be...?

- a) Straight or heterosexual
- b) Lesbian or gay
- c) Bisexual
- d) Queer
- e) Something else (please specify)

47. What language do you speak most often at home?

- a) English
- b) Spanish
- c) Russian
- d) Vietnamese
- e) Ukrainian
- f) Arabic
- g) Somali
- h) Marshallese
- i) Chinese
- j) Korean
- k) Punjabi
- l) Another language (please specify)

48. This question is about your family's income.

Think about your total combined family income **IN THE LAST CALENDAR YEAR** for all members of the family. What is that amount before taxes? *CATI: Would you say...*

*Include money from jobs, child support, social security, retirement income, unemployment payments, public assistance, and so forth. Also include income from interest, dividends, net income from business, or rent, and any other money income received.*

- a) Less than \$15,000
- b) \$15,000 to \$24,999
- c) \$25,000 to \$34,999
- d) \$35,000 to \$49,999
- e) \$50,000 to \$74,999
- f) \$75,000 to \$99,999
- g) \$100,000 to \$149,999



- h) \$150,000 to \$199,999
- i) \$200,000 or more

**49.** What is the highest grade or year of school you have completed?

- a) 12<sup>th</sup> grade or less; no diploma
- b) High school graduate or GED completed
- c) Completed a vocational, trade, or business school program
- d) Some college credit but no degree
- e) Associate's Degree (AA, AS)
- f) Bachelor's Degree (BA, BS, AB)
- g) Master's Degree (MA, MS, MSW, MBA)
- h) Doctorate (PhD, EdD) or Professional Degree (MD, DDS, DVM, JD)

## FINAL QUESTIONS

Display the last set of questions to both age groups: (6 months – 5 years; and 6 – 11 years)

The last few questions are about health care decisions that you have made for your child. After that, we will get your contact information for sending a gift card.

**50.** Have you ever delayed getting your child vaccinated or decided not to vaccinate them for any reason other than illness or allergy?

- a) Yes
- b) No

Display the next two questions, if response to Q. 50 is 'Yes'

**51.** Why did you delay or decide not to get your child vaccinated? (select all that apply)

- a) I missed my child's appointment because of work or transportation issues.
- b) I had trouble getting an appointment or finding a clinic for my child.
- c) I was worried about the cost of vaccination.
- d) I have religious or personal objections to vaccination.
- e) I am concerned vaccination might not be safe or might have serious side effects.
- f) I am concerned vaccination might not prevent the disease.
- g) I am concerned about getting too many vaccines at once or too close together.

**52.** Of these, which was the MOST important reason you delayed or decided not to get your child vaccinated? (select one)

- a) I missed my child's appointment because of work or transportation issues.
- b) I had trouble getting an appointment or finding a clinic for my child.
- c) I was worried about the cost of vaccination.

- d) I have religious or personal objections to vaccination.
- e) I am concerned vaccination might not be safe or might have serious side effects.
- f) I am concerned vaccination might not prevent the disease.
- g) I am concerned about getting too many vaccines at once or too close together.

## END OF SURVEY

Thank you for completing the survey! Your answers will help us understand how the Child Wellness Survey can support families in Washington State.

**53.** If you have any additional comments you would like to make about your child's health and activities, your family's strengths and supports, and your community supports, please write them here.

- 
- a) I do not have anything to add
  - b) I prefer to not answer
  - c) I don't know

Public involvement is a central part of the Washington State Child Wellness Survey. We invite you to stay informed and be a part of the process.

- **Visit the website** at <http://www.doh.wa.gov/ChildWellnessSurvey>
- **Contact us directly** at [child.wellness@doh.wa.gov](mailto:child.wellness@doh.wa.gov) or leave a voicemail at 844-880-9800.
- **You can reach Market Decisions Research** at 1-800-293-1538 ext. 1700 or email [ajohnson@marketdecisions.com](mailto:ajohnson@marketdecisions.com) for questions on the gift card or technical issues.

If this survey brought up any concerns for you or made you feel worried about any issue, we encourage you to speak with someone. Here are some resources you can contact:

- Online at [ParentHelp123.org](http://ParentHelp123.org) or call the Family Health Hotline at 1-800-322-2588.
- Online at [www.crisisconnections.org](http://www.crisisconnections.org), or call the 24-hour Crisis Line at 1-866-427-4747.
- Online at <https://988lifeline.org> or call / text the Suicide Crisis Lifeline at 988