

B-4: Boo-boos, Belly-aches and Bumps
Before you go to the doctor
What to do when your child gets sick
Train the trainer program

PARENT POST-TRAINING SURVEY

Circle ONE answer.

1. Which sign always needs a visit to the doctor?
 - a. Fever ^[1]
 - b. Throwing up ^[2]
 - c. Earache ^[3]
 - d. Cough ^[4]
 - e. None of the above ^[5]

2. When should you call the doctor about your child's rectal fever?
 - a. Your newborn baby has a fever of 99° ^[1]
 - b. Your baby has a fever of 100° ^[2]
 - c. Your child has a fever of 103° or higher ^[3]

3. When should you call the doctor right away?
 - a. Your child can't breathe ^[1]
 - b. There is blood in your child's pee or poop ^[2]
 - c. Your baby has a rectal fever of 101° or higher ^[3]
 - d. Your child is coughing up blood ^[4]
 - e. All of the above ^[5]

4. To lower a fever, do NOT:
 - a. Give your child cold drinks ^[1]
 - b. Dress your child warmly ^[2]
 - c. Give your child Tylenol every 4-6 hours ^[3]

5. If you think that your child ate or drank a poison, do NOT:
 - a. Make your child throw up ^[1]
 - b. Call the Poison Control Center ^[2]
 - c. Call 911 ^[3]
 - d. Figure out what your child ate ^[4]

6. If your 2-year-old child has a cold or flu, do NOT:
 - a. Give your child cold drinks just once a day ^[1]
 - b. Have your child use a pillow ^[2]
 - c. Have your child get lots of rest ^[3]
7. To learn how to care for sick or hurt children, parents can:
 - a. Take a CPR class ^[1]
 - b. Take a First Aid class ^[2]
 - c. Read the book What to Do When your Child Gets Sick ^[3]
 - d. Call 211 ^[4]
 - e. All of the above ^[5]

Fill in the blank.

8. What is normal body temperature? _____ *degrees*
9. How can you prevent poisoning? _____
10. How can you prevent broken bones? _____
11. How can you prevent burns? _____

Circle T if the sentence is True and F if the sentence is False.

12. T_[1] F_[0] I have the book What to Do When Your Child Gets Sick at home.
13. T_[1] F_[0] I have used the book What to Do When Your Child Gets Sick in the past 3 months.
14. T_[1] F_[0] It is safe to leave a child alone in a locked car for just a few minutes.
15. T_[1] F_[0] It is safe to put a very tired baby to sleep on its tummy.
16. T_[1] F_[0] It is safe for children to play with empty plastic bags.
17. T_[1] F_[0] I have taken a CPR class.
18. T_[1] F_[0] I plan to take a CPR class.
19. T_[1] F_[0] I have taken a First Aid class.
20. T_[1] F_[0] I plan to take a First Aid class.

Circle ONE choice.

21. How **sure** are you that you can—

- | | | | | |
|---------------------------------|-----------------|---------------|------|-----------|
| | [1] | [2] | [3] | [4] |
| a. care for a sick child? | Not at all sure | A little sure | Sure | Very sure |
| b. prevent accidents? | Not at all sure | A little sure | Sure | Very sure |
| c. care for a child's injuries? | Not at all sure | A little sure | Sure | Very sure |

22. How **worried** do you feel when your child is sick? Pick a number 1-10.

- | | | | | | | | | | | | |
|-----------------------|---|---|---|---|---|---|---|---|---|----|-----------------|
| Not at all
worried | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | very
worried |
|-----------------------|---|---|---|---|---|---|---|---|---|----|-----------------|

Match the words in the 1st column with the definitions in the 2nd column. The first one is done for you.

WORD LIST

- k **Antibiotic**
- Asthma**
- Colic**
- Convulsion**

- CPR**
(cardiopulmonary resuscitation)
- Cradle cap**
- Croup**
- Dehydration**
- Eczema**
- Immunizations**
- Impetigo**
- Jaundice**
- Over-the-Counter Medicine**
- Scabies**
- Thrush**

DEFINITIONS

- a. Red, crusty, oozing sores on the skin that spread easily
- b. What you should do when someone stops breathing
- c. Yellow, oily crust on baby's head
- d. An illness that causes tightness of the airway or breathing tube brought on by a cold, or coming in contact with smoke, dust, pets, or other things the child is allergic to
- e. White spots on tongue, gums, inside cheeks
- f. Shots or vaccinations
- g. Yellow skin (*babies*)
- h. Itchy, skin rash that is caused by tiny bugs
- i. The loss of too much liquid from the body
- j. Medicine you can buy at the store without a doctor's prescription
- k. A medicine ordered by the doctor to kill germs that cause infection
- l. A cough that sounds like a dog's bark
- m. Dry, itchy skin
- n. Sudden movements of a person or part of a person's body that the person cannot control
- o. Long crying spells for no reason (*babies*)

Fill in the blank

23. What are 3 ways to find information in the book?

- a. _____
- b. _____
- c. _____

Circle T if the sentence is True and F if the sentence is False

- 24. T_[1] F_[0] My child has an on-going health problem like asthma or diabetes.
- 25. T_[1] F_[0] My child has a serious illness such as cancer.
- 26. T_[1] F_[0] Sometime in the past year, I took my child to the Emergency Room.
- 27. T_[1] F_[0] I will use the book What To Do When Your Child Gets Sick at home.
- 28. T_[1] F_[0] I think the book will help me care for my child when he is sick.
- 29. T_[1] F_[0] I think the book will help me care for my child when he is hurt.

Choose Yes or No

30. In the PAST 3 MONTHS, have you—
- a. Taken your child to the Emergency Room? yes_[1] no_[0]
 - b. Taken your child to urgent care? yes_[1] no_[0]
 - c. Taken your child to the doctor's office or clinic? yes_[1] no_[0]
 - d. Called a nurse for help? yes_[1] no_[0]
 - e. Looked for information in a book? yes_[1] no_[0]
 - f. Looked for information on the Internet? yes_[1] no_[0]
 - g. Called friends or family for help? yes_[1] no_[0]
31. Think about the LAST TIME one of your children was very sick. What did you do?
- a. I took my child to the Emergency Room yes_[1] no_[0]
 - b. I took my child to urgent care yes_[1] no_[0]
 - c. I took my child to the doctor's office or clinic yes_[1] no_[0]
 - d. I called a nurse for help yes_[1] no_[0]
 - e. I looked for information in a book yes_[1] no_[0]
 - f. I looked for information on the Internet yes_[1] no_[0]
 - g. I called friends or family for help yes_[1] no_[0]

32. Think about the **LAST 3 MONTHS**. How many days were your children sick? How many days of school or day care did they miss? How many days did you miss work because a child was sick? Write your answers in the table below.

Age <i>(How many years?)</i>	Gender <i>(boy or girl?)</i> [1] [2]	In the last three (3) months , how many days was this child sick?	In the last 3 months , how many <u>days of school</u> or <u>daycare</u> did this child miss because he was sick?	In the last 3 months , how many <u>days of work</u> did you miss because this child was sick?
3 yrs.	Boy	5 days	3 days	3 days
<i>For example, in the last three months your 3 year old boy was sick for 5 days. When he was sick he missed 3 days of preschool. You missed 3 days of work.</i>				

Example:

33. What kind of **health insurance** do your children have? (*choose one*)

- a. My children have Medi-Cal [1]
- b. My children have Healthy Families [2]
- c. My children have no health insurance [3]
- d. My children have health insurance through my job [4]
- e. I buy my own health insurance [5]

34. Who is your child's **health plan provider**? (*choose one*)

- a. Blue Cross of California [1]
- b. Care 1st Health Plan [2]
- c. Community Health Group [3]
- d. Health Net [4]
- e. Kaiser Permanente [5]
- f. Molina Healthcare [6]
- g. Other [7]
- h. None [8]

TELL US HOW YOU LIKED TODAY’S CLASS

Tell us how much you agree or disagree with each sentence. (1=strongly disagree and 5=strongly agree),

	Strongly Disagree				Strongly Agree
The teacher was prepared and organized.	1	2	3	4	5
The teacher was easy to understand.	1	2	3	4	5
The teacher kept me interested in the class.	1	2	3	4	5
There was enough time to learn everything.	1	2	3	4	5
The training was too long.	1	2	3	4	5
The information was easy to understand.	1	2	3	4	5
I felt comfortable asking questions.	1	2	3	4	5
I felt welcome to join in the class.	1	2	3	4	5
This training will help me to care for my sick children.	1	2	3	4	5
This training will help me to keep my children safe.	1	2	3	4	5

ABOUT YOU (choose one):

35. **Gender:** Female _[1] Male _[2]

36. **Ethnicity:** African American/black_[1] Asian/Pacific Islander_[2] Hispanic/Latino_[3] White_[4]
 Native American_[5] other_[6] _____

37. **Age:** ___18-24_[1] ___25-34_[2] ___35-44_[3] ___45-54_[4] ___55-64_[5] ___65+_[6]

38. **Education Level:**

- No high school _[1]
- Some high school _[2]
- Finished high school _[3]
- Some college _[4]
- Finished college _[5]

Please put your survey back in the envelope.

Thank you for your time!