

SURVEY ABOUT YOUR EXPERIENCES WITH YOUR CHILD'S PROVIDER

YOUR CHILD'S PROVIDER

Please answer the questions for the child listed on the envelope. Please do not answer for any other children.

1. Our records show that your child got care from the provider named below in the last 12 months.

Is that right?

- Yes
 No → **If No, go to #45 on page 3**

The questions in this survey will refer to the provider named in Question 1 as "this provider." Please think of that person as you answer the survey.

2. Is this the provider you usually see if your child needs a check-up or gets sick or hurt?
- Yes
 No
3. How long has your child been going to this provider?
- Less than 6 months
 At least 6 months but less than 1 year
 At least 1 year but less than 3 years
 At least 3 years but less than 5 years
 5 years or more
4. In the last 12 months, did you ever stay in the exam room with your child during a visit to this provider?
- Yes → **If Yes, go to #6**
 No
5. Did this provider give you enough information about what was discussed during the visit when you were not there?
- Yes → **If Yes, go to #9**
 No → **If No, go to #9**
6. Is your child able to talk with providers about his or her health care?
- Yes
 No → **If No, go to #9**
7. In the last 12 months, how often did this provider explain things in a way that was easy for **your child** to understand?
- Never
 Sometimes
 Usually
 Always
8. In the last 12 months, how often did this provider listen carefully to **your child**?
- Never
 Sometimes
 Usually
 Always

9. Did this provider tell you that you needed to do anything to follow up on the care your child got during the visit?

- Yes
 No → **If No, go to #11**

10. Did this provider give you enough information about what you needed to do to follow up on your child's care?

- Yes
 No

SCHEDULING APPOINTMENTS AND CONTACTING THIS PROVIDER

11. In the last 12 months, did you call this provider's office to get an appointment for your child for an illness, injury, or condition that **needed care right away**?

- Yes
 No → **If No, go to #13**

12. In the last 12 months, when you called this provider's office for an appointment for care your child **needed right away**, how often did you get an appointment as soon as your child needed?

- Never
 Sometimes
 Usually
 Always

13. In the last 12 months, did you make any appointments for a **check-up or routine care** for your child with this provider?

- Yes
 No → **If No, go to #15**

14. In the last 12 months, when you made an appointment for a **check-up or routine care** for your child with this provider, how often did you get an appointment as soon as your child needed?

- Never
 Sometimes
 Usually
 Always

15. Did this provider's office give you information about what to do if your child needed care during evenings, weekends, or holidays?

- Yes
 No

16. In the last 12 months, did you call this provider's office with a medical question about your child during regular office hours?

- Yes
 No → **If No, go to #18 on page 2**

17. In the last 12 months, when you called this provider's office during regular office hours, how often did you get an answer to your medical question that same day?

- Never
 Sometimes
 Usually
 Always

MANAGING YOUR CHILD'S CARE

18. In the last 12 months, how often did this provider explain things about your child's health in a way that was easy to understand?
- Never
 - Sometimes
 - Usually
 - Always
19. In the last 12 months, how often did this provider listen carefully to you?
- Never
 - Sometimes
 - Usually
 - Always
20. In the last 12 months, how often did this provider seem to know the important information about your child's medical history?
- Never
 - Sometimes
 - Usually
 - Always
21. In the last 12 months, how often did this provider show respect for what you had to say?
- Never
 - Sometimes
 - Usually
 - Always
22. In the last 12 months, how often did this provider spend enough time with your child?
- Never
 - Sometimes
 - Usually
 - Always
23. How would you rate this provider's knowledge about your child as a person – special abilities, concerns, fears?
- Very poor
 - Poor
 - Fair
 - Good
 - Very good
 - Excellent

COORDINATING YOUR CHILD'S CARE

24. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. In the last 12 months, did your child see a specialist for a particular health problem?
- Yes
 - No → **If No, go to #26**
25. In the last 12 months, how often did the provider named in Question 1 seem informed and up-to-date about the care your child got from specialists?
- Never
 - Sometimes
 - Usually
 - Always

26. In the last 12 months, did the provider named in Question 1 order a blood test, x-ray, or other test for your child?
- Yes
 - No → **If No, go to #28**
27. In the last 12 months, when this provider ordered a blood test, x-ray, or other test for your child, how often did someone from this provider's office follow up to give you these results?
- Never
 - Sometimes
 - Usually
 - Always

OVERALL RATING

28. Using any number from 0 to 10, where 0 is the worst provider possible and 10 is the best provider possible, what number would you use to rate this provider?
- 0 Worst provider possible
 - 1
 - 2
 - 3
 - 4
 - 5
 - 6
 - 7
 - 8
 - 9
 - 10 Best provider possible
29. Would you **recommend** this provider to your family and friends?
- Definitely yes
 - Probably yes
 - Not sure
 - Probably not
 - Definitely not

Please answer these questions about the provider named in Question 1 of this survey.

30. In the last 12 months, did you and anyone in this provider's office talk about your child's learning ability?
- Yes
 - No
31. In the last 12 months, did you and anyone in this provider's office talk about the kinds of behaviors that are normal for your child at this age?
- Yes
 - No
32. In the last 12 months, did you and anyone in this provider's office talk about how your child's body is growing?
- Yes
 - No
33. In the last 12 months, did you and anyone in this provider's office talk about your child's moods and emotions?
- Yes
 - No
34. In the last 12 months, did you and anyone in this provider's office talk about things you can do to keep your child from getting injured?
- Yes
 - No

35. In the last 12 months, did anyone in this provider's office give you information about how to keep your child from getting injured?
- Yes
 No
36. In the last 12 months, did you and anyone in this provider's office talk about how much time your child spends on a computer and in front of a TV?
- Yes
 No
37. In the last 12 months, did you and anyone in this provider's office talk about how much or what kind of food your child eats?
- Yes
 No
38. In the last 12 months, did you and anyone in this provider's office talk about how much or what kind of exercise your child gets?
- Yes
 No
39. In the last 12 months, did you and anyone in this provider's office talk about how your child gets along with others?
- Yes
 No
40. In the last 12 months, did you and anyone in this provider's office talk about whether there are any problems in your household that might affect your child?
- Yes
 No
41. In the last 12 months, did you and anyone in this provider's office talk about specific goals for your child's health?
- Yes
 No
42. In the last 12 months, did anyone in this provider's office ask you if there are things that make it hard for you to take care of your child's health?
- Yes
 No

OFFICE STAFF

43. In the last 12 months, how often were the front office staff at this provider's office as helpful as you thought they should be?
- Never
 Sometimes
 Usually
 Always
44. In the last 12 months, how often did the front office staff at this provider's office treat you with courtesy and respect?
- Never
 Sometimes
 Usually
 Always

ABOUT YOUR CHILD AND YOU

45. In general, how would you rate your child's overall health?
- Excellent
 Very good
 Good
 Fair
 Poor
46. In general, how would you rate your child's overall **mental or emotional** health?
- Excellent
 Very good
 Good
 Fair
 Poor
47. What is your child's age?
- Less than 2 years old
 2 to 4 years old
 5 to 9 years old
 10 to 14 years old
 15 to 18 years old
48. Is your child male or female?
- Male
 Female
49. Is your child of Hispanic or Latino origin or descent?
- Yes, Hispanic or Latino
 No, not Hispanic or Latino
50. What is your child's race? Mark one or more.
- White
 Black or African American
 Asian
 Native Hawaiian or Other Pacific Islander
 American Indian or Alaska Native
 Other
51. Has a provider ever told you that your child had:

| | Yes | No |
|---|-----------------------|-----------------------|
| a. Diabetes | <input type="radio"/> | <input type="radio"/> |
| b. Asthma | <input type="radio"/> | <input type="radio"/> |
| c. The problem of being overweight or excessive weight gain | <input type="radio"/> | <input type="radio"/> |
| e. Attention Disorder such as ADD or ADHD | <input type="radio"/> | <input type="radio"/> |
| f. Depression or other emotional problem | <input type="radio"/> | <input type="radio"/> |
| g. Autism, intellectual disability, or other developmental problems | <input type="radio"/> | <input type="radio"/> |
| h. Other chronic (long term) health condition (Please specify) _____ | <input type="radio"/> | <input type="radio"/> |

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52. What is your age?

- Under 18
- 18 to 24
- 25 to 34
- 35 to 44
- 45 to 54
- 55 to 64
- 65 to 74
- 75 or older

53. Are you male or female?

- Male
- Female

54. What is the highest grade or level of school that you have completed?

- 8th grade or less
- Some high school, but did not graduate
- High school graduate or GED
- Some college or 2-year degree
- 4-year college graduate
- More than 4-year college degree

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55. How are you related to the child?

- Mother or father
- Grandparent
- Aunt or uncle
- Older brother or sister
- Other relative
- Legal guardian
- Someone else

Please print: _____

THANK YOU

Please return the completed survey in the postage-paid envelope to:

**The Center for the Study of Services
PO Box 10820
Herndon, VA 20172-9940**

If you have any questions please call the toll-free number 1-888-344-0430. Please do not include any other correspondence.