

## SURVEY ABOUT YOUR EXPERIENCES WITH YOUR CHILD'S PROVIDER

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

### YOUR CHILD'S PROVIDER

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 #58 on page 4

**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, how many times did your child visit this provider for care?
- None → If None, go to #58 on page 4  
 1 time  
 2  
 3  
 4  
 5 to 9  
 10 or more times
5. 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 #7  
 No
6. Did this provider give you enough information about what was discussed during the visit when you were not there?
- Yes → If Yes, go to #10  
 No → If No, go to #10
7. Is your child able to talk with providers about his or her health care?
- Yes  
 No → If No, go to #10

8. 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
9. In the last 12 months, how often did this provider listen carefully to your child?
- Never  
 Sometimes  
 Usually  
 Always
10. 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 #12
11. 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

12. 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 #15
13. 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
14. In the last 12 months, how many days did you usually have to wait for an appointment when your child **needed care right away**?
- Same day  
 1 day  
 2 to 3 days  
 4 to 7 days  
 More than 7 days
15. 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 #17 on page 2

16. 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
17. Did this provider's office give you information about what to do if your child needed care during evenings, weekends, or holidays?
- Yes
  - No
18. In the last 12 months, did your child need care during evenings, weekends, or holidays?
- Yes
  - No → **If No, go to #20**
19. In the last 12 months, how often were you able to get the care your child needed from this provider's office during evenings, weekends, or holidays?
- Never
  - Sometimes
  - Usually
  - Always
20. 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 #22**
21. 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
22. In the last 12 months, did you call this provider's office with a medical question about your child **after** regular office hours?
- Yes
  - No → **If No, go to #24**
23. In the last 12 months, when you called this provider's office **after** regular office hours, how often did you get an answer to your medical question as soon as you needed?
- Never
  - Sometimes
  - Usually
  - Always
24. Some offices remind patients between visits about tests, treatment, or appointments. In the last 12 months, did you get any reminders about your child's care from this provider's office between visits?
- Yes
  - No
25. Wait time includes time spent in the waiting room and exam room. In the last 12 months, how often did your child see this provider **within 15 minutes** of his or her appointment time?
- Never
  - Sometimes
  - Usually
  - Always

## MANAGING YOUR CHILD'S CARE

26. 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
27. In the last 12 months, how often did this provider listen carefully to you?
- Never
  - Sometimes
  - Usually
  - Always
28. In the last 12 months, did you and this provider talk about any questions or concerns you had about your child's health?
- Yes
  - No → **If No, go to #31**
29. In the last 12 months, how often did this provider give you easy to understand information about these health questions or concerns?
- Never
  - Sometimes
  - Usually
  - Always
30. In the last 12 months, how often did this provider give you easy to understand information about what to do if your child's health concerns or problems got worse or came back?
- Never
  - Sometimes
  - Usually
  - Always
31. 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
32. In the last 12 months, how often did this provider show respect for what you had to say?
- Never
  - Sometimes
  - Usually
  - Always
33. In the last 12 months, how often did this provider spend enough time with your child?
- Never
  - Sometimes
  - Usually
  - Always
34. 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

35. 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 #37**
36. 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
37. 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 #39**
38. 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

39. 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
40. 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.

41. In the last 12 months, did you and anyone in this provider's office talk about your child's learning ability?
- Yes  
 No
42. 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

43. 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
44. In the last 12 months, did you and anyone in this provider's office talk about your child's moods and emotions?
- Yes  
 No
45. 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
46. 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
47. 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
48. 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
49. 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
50. 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
51. 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
52. 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
53. 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
54. In the last 12 months, did your child take any prescription medicine?
- Yes  
 No → **If No, go to #56 on page 4**

55. In the last 12 months, did you and anyone in this provider's office talk at each visit about all the prescription medicines your child was taking?

- Yes
- No

### OFFICE STAFF

56. 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

57. 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

58. In general, how would you rate your child's overall health?

- Excellent
- Very good
- Good
- Fair
- Poor

59. In general, how would you rate your child's overall **mental or emotional** health?

- Excellent
- Very good
- Good
- Fair
- Poor

60. 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

61. Is your child male or female?

- Male
- Female

62. Is your child of Hispanic or Latino origin or descent?

- Yes, Hispanic or Latino
- No, not Hispanic or Latino

63. 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

64. 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"/>
d. Attention Disorder such as ADD or ADHD	<input type="radio"/>	<input type="radio"/>
e. Depression or other emotional problem	<input type="radio"/>	<input type="radio"/>
f. Autism, intellectual disability, or other developmental problems	<input type="radio"/>	<input type="radio"/>
g. Other chronic (long term) health condition <i>(Please specify)</i> _____	<input type="radio"/>	<input type="radio"/>

65. 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

66. Are you male or female?

- Male
- Female

67. 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

68. 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.