



All information that would let someone identify you or your family will be kept private. The research staff will not share your personal information with anyone without your OK. You may choose to answer this survey or not. If you choose not to, this will not affect the health care you get.

Your responses to this survey are completely confidential. Once you complete the survey, place it in the envelope that was provided, seal the envelope, and return the envelope to DataStat.

You may notice a barcode number on the front of this survey. This number is ONLY used to let us know if you returned your survey so we don't have to send you reminders.

If you want to know more about this survey, please call 1-888-506-5135.

SURVEY INSTRUCTIONS

- Please be sure to fill the response circle completely. Use only black or blue ink or dark pencil to complete the survey.

Correct Mark 

Incorrect Marks 



- You are sometimes told to skip over some questions in the survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

Yes ➔ *Go to Question 1*
 No

↓ **START HERE** ↓

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.

[CLINICIAN NAME]

Is that right?

- Yes
- No ➔ *Go to Question 38*



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, has a health problem, 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

Your Child's Care From This Provider in the Last 12 Months

These questions ask about your child's health care. Do not include care your child got when he or she stayed overnight in a hospital. Do not include the times your child went for dental care visits.

4. In the last 12 months, how many times did your child visit this provider for care?

- None → *Go to Question 38*
- 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 → *Go to Question 7*
- No

6. Did this provider give you enough information about what was discussed during the visit when you were not there?

- Yes → *Go to Question 10*
- No → *Go to Question 10*

7. Is your child able to talk with providers about his or her health care?

- Yes
- No → *Go to Question 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 → *Go to Question 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

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

- Yes
- No → *Go to Question 14*

13. In the last 12 months, when you contacted this provider's office to get 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, did you make any appointments for a check-up or routine care for your child with this provider?

- Yes
- No → *Go to Question 16*

15. 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

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

- Yes
- No

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

- Yes
- No → *Go to Question 19*

18. In the last 12 months, when you contacted 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

19. 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

20. In the last 12 months, how often did this provider listen carefully to you?

- Never
- Sometimes
- Usually
- Always



21. 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
22. In the last 12 months, how often did this provider show respect for what you had to say?
- Never
 - Sometimes
 - Usually
 - Always
23. In the last 12 months, how often did this provider spend enough time with your child?
- Never
 - Sometimes
 - Usually
 - Always
24. In the last 12 months, did this provider order a blood test, x-ray, or other test for your child?
- Yes
 - No → **Go to Question 26**
25. 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 those results?
- Never
 - Sometimes
 - Usually
 - Always

26. 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 1 2 3 4 5 6 7 8 9 10
- Worst Provider Possible Best Provider Possible
27. 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 → **Go to Question 29**
28. 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

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

29. In the last 12 months, did you and someone from this provider's office talk about the kinds of behaviors that are normal for your child at this age?
- Yes
 - No



30. In the last 12 months, did you and someone from this provider's office talk about how your child's body is growing?

- Yes
- No

31. In the last 12 months, did you and someone from this provider's office talk about your child's moods and emotions?

- Yes
- No

32. In the last 12 months, did you and someone from this provider's office talk about things you can do to keep your child from getting injured?

- Yes
- No

33. In the last 12 months, did you and someone from this provider's office talk about how much or what kind of food your child eats?

- Yes
- No

34. In the last 12 months, did you and someone from this provider's office talk about how much or what kind of exercise your child gets?

- Yes
- No

35. In the last 12 months, did you and someone from this provider's office talk about how your child gets along with others?

- Yes
- No

Clerks and Receptionists at This Provider's Office

36. In the last 12 months, how often were clerks and receptionists at this provider's office as helpful as you thought they should be?

- Never
- Sometimes
- Usually
- Always

37. In the last 12 months, how often did clerks and receptionists at this provider's office treat you with courtesy and respect?

- Never
- Sometimes
- Usually
- Always

About Your Child and You

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

- Excellent
- Very Good
- Good
- Fair
- Poor

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

- Excellent
- Very Good
- Good
- Fair
- Poor



◆ **40. What is your child's age?**

Less than 1 year old

YEARS OLD (Write in.)

41. Is your child male or female?

Male

Female

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

Yes, Hispanic or Latino

No, not Hispanic or Latino

43. What is your child's race? Please mark one or more.

White

Black or African-American

Asian

Native Hawaiian or other Pacific Islander

American Indian or Alaska Native

Other

44. 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

45. Are you male or female?

Male

Female

◆ **46. 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

47. How are you related to the child?

Mother or father

Grandparent

Aunt or uncle

Older brother or sister

Other relative

Legal guardian

Someone else

48. Did someone help you complete this survey?

Yes → ***Go to Question 49***

No → ***Thank you. Please return the completed survey in the postage-paid envelope.***

49. How did that person help you? Please mark one or more.

Read the questions to me

Wrote down the answers I gave

Answered the questions for me

Translated the questions into my language

Helped in some other way



◆

 ◆
**Thank you for taking the time to complete
this survey. Your answers are greatly
appreciated.**

**When you are done, please use the
enclosed prepaid envelope to mail the
survey to:**

**DataStat, 3975 Research Park Drive,
Ann Arbor, MI 48108**





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