

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 <u>completely</u>. Use only <u>black or blue ink</u> or <u>dark pencil</u> 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

Yes → Go to Question 1

O No



START HERE



Your Child's Provider

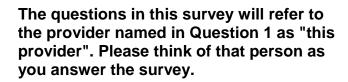
Please answer the questions for the child listed on the envelope. Please do not answer for any other children.

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

[CLINICIAN NAME]

Is that right?

- O Yes
- No → Go to Question 38



- 2. Is this the provider you usually see if your child needs a check-up, has a health problem, or gets sick or hurt?
 - O Yes
 - O No
- 3. How long has your child been going to this provider?
 - O Less than 6 months
 - O At least 6 months but less than 1 year
 - O At least 1 year but less than 3 years
 - O At least 3 years but less than 5 years
 - O 5 years or more

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

These questions ask about <u>your child's</u> health care. Do <u>not</u> include care your child got when he or she stayed overnight in a hospital. Do <u>not</u> 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?
 - O None → Go to Question 38
 - O 1 time
 - 0 2
 - 0 3
 - 0 4
 - O 5 to 9
 - O 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
 - O 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
 - O No → Go to Question 10
- 7. Is your child able to talk with providers about his or her health care?
 - O Yes
 - O 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?
 - O Never
 - O Sometimes
 - O Usually
 - O Always
- 9. In the last 12 months, how often did this provider listen carefully to your child?
 - O Never
 - O Sometimes
 - O Usually
 - O 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?
 - O Yes
 - O 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?	16.	Did this provider's office give you information about what to do if your child needed care during evenings, weekends, or holidays?
	O Yes O No		O Yes O 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?	17.	In the last 12 months, did you contact this provider's office with a medical question about your child during regular office hours?
	O YesO No → Go to Question 14		O YesO No → Go to Question 19
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?	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?
	NeverSometimesUsuallyAlways		NeverSometimesUsuallyAlways
14.	·	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?
	O Yes O No → Go to Question 16		NeverSometimesUsuallyAlways
15.	In the last 12 months, when you made an appointment for a <u>check-up or routine care</u> for your child with this provider, how often did you get an	20.	In the last 12 months, how often did this provider listen carefully to you?
	appointment as soon as your child needed?		O Never O Sometimes O Usually
	O Never O Sometimes O Usually O Always		O Always

lacktriangle			
21.	this provider seem to know the important information about your child's medical history?	26.	Usir 0 is 10 is num prov
	NeverSometimesUsuallyAlways		O 0 Woi
22.	In the last 12 months, how often did this provider show respect for what you had to say?	27.	Pos
	NeverSometimesUsuallyAlways		doc spe In th see prol
23.	In the last 12 months, how often did this provider spend enough time with your child?		0 1
	NeverSometimesUsuallyAlways	28.	In the seed the specific
24.	provider order a blood test, x-ray, or other test for your child?		0 N 0 S
	○ Yes○ No → Go to Question 26		O <i>F</i>
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		se an ider ı ey.
	office follow up to give you those results?	29.	In the
	NeverSometimesUsuallyAlways		are O N

ng any number from 0 to 10, where the worst provider possible and s the best provider possible, what nber would you use to rate this vider?

> 0 0 0 0 0 0 0 0 0 1 3 4 5 6 7 8 9 10 rst **Best** vider Provider sible Possible

cialists are doctors like surgeons, rt doctors, allergy doctors, skin tors, and other doctors who cialize in one area of health care. ne last 12 months, did your child a specialist for a particular health blem?

> Yes No → Go to Question 29

he last 12 months, how often did provider named in Question 1 m informed and up-to-date about care your child got from cialists?

Never Sometimes Jsually Always

swer these questions about the named in Question 1 of the

ne last 12 months, did you and neone from this provider's office about the kinds of behaviors that normal for your child at this age?

> Yes. O

- 30. In the last 12 months, did you and someone from this provider's office talk about how your child's body is growing?
 - O Yes
 - O No
- 31. In the last 12 months, did you and someone from this provider's office talk about your child's moods and emotions?
 - O Yes
 - O 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?
 - O Yes
 - O 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?
 - O Yes
 - O 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?
 - O Yes
 - O 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?
 - O Yes
 - O 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?
 - O Never
 - O Sometimes
 - O Usually
 - O Always
- 37. In the last 12 months, how often did clerks and receptionists at this provider's office treat you with courtesy and respect?
 - O Never
 - O Sometimes
 - O Usually
 - O Always

About Your Child and You

- 38. In general, how would you rate your child's overall health?
 - O Excellent
 - O Very Good
 - O Good
 - O Fair
 - O Poor
- 39. In general, how would you rate your child's overall mental or emotional health?
 - O Excellent
 - O Very Good
 - O Good
 - O Fair
 - O Poor

40.	What is your child's age?
	O Less than 1 year old
	YEARS OLD (Write in.)
41.	Is your child male or female?
	O Male O Female
42.	Is your child of Hispanic or Latino origin or descent?
	Yes, Hispanic or LatinoNo, not Hispanic or Latino
43.	What is your child's race? Please mark one or more.
	 O White O Black or African-American O Asian O Native Hawaiian or other Pacific Islander O American Indian or Alaska Native O Other
44.	What is <u>your</u> age?
	O Under 18 O 18 to 24 O 25 to 34 O 35 to 44 O 45 to 54 O 55 to 64 O 65 to 74 O 75 or older
45.	Are you male or female?
	O Male O Female

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

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

47. How are you related to the child?

- O Mother or father
- O Grandparent
- O Aunt or uncle
- O Older brother or sister
- O Other relative
- O Legal guardian
- O 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.

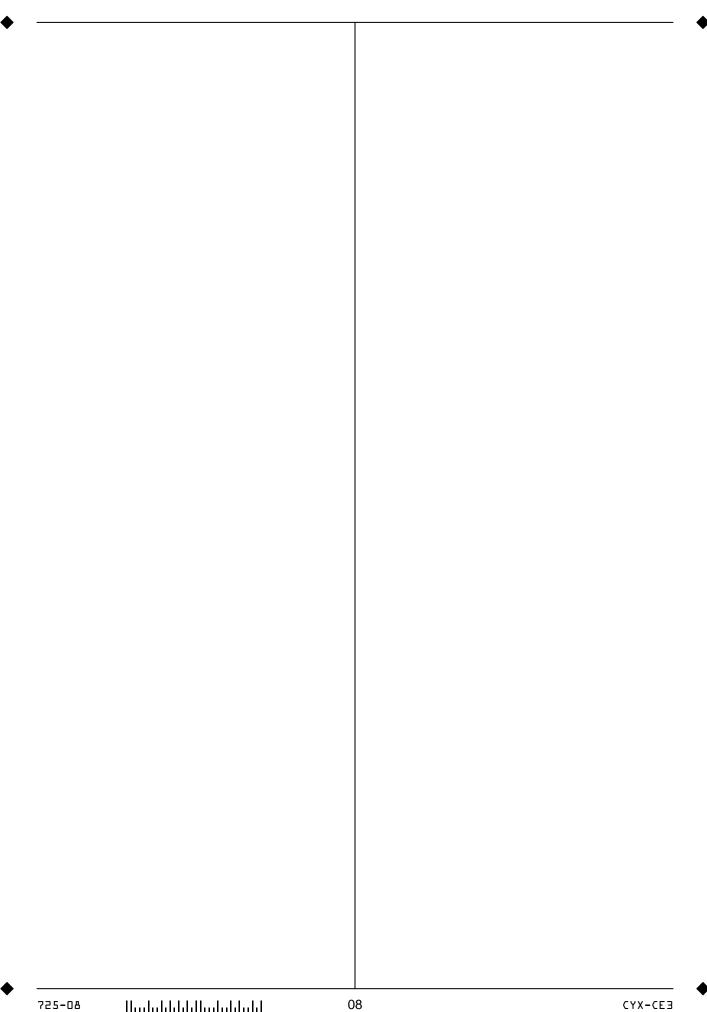
49. How did that person help you? Please mark one or more.

- O Read the questions to me
- O Wrote down the answers I gave
- O Answered the questions for me
- O Translated the questions into my language
- O 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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