



Your privacy is protected. The research staff will not share your personal information with anyone without your OK. Personally identifiable information will not be made public and will only be released in accordance with federal laws and regulations.

You may choose to answer this survey or not. If you choose not to, this will not affect the benefits your child gets. You may notice a number on the cover 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 6 months.

[CLINICIAN NAME]

Is that right?

- Yes → *Go to Question 2*
- No → *Go to Question 28*



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 6 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 6 months, how many times did your child visit this provider for care?

- None → *Go to Question 28*
- 1 time
- 2
- 3
- 4
- 5 to 9
- 10 or more times

5. In the last 6 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 6 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 6 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 6 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 6 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 6 months, did you make any appointments for a check-up or routine care for your child with this provider?

- Yes
- No → *Go to Question 15a*

15. In the last 6 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

15a. 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 6 months, did you contact this provider's office with a medical question about your child during regular office hours?

- Yes
- No → *Go to Question 18*

17. In the last 6 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

18. In the last 6 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 6 months, how often did this provider listen carefully to you?

- Never
- Sometimes
- Usually
- Always

20. In the last 6 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 6 months, how often did this provider show respect for what you had to say?

- Never
- Sometimes
- Usually
- Always

22. In the last 6 months, how often did this provider spend enough time with your child?

- Never
- Sometimes
- Usually
- Always

23. In the last 6 months, did this provider order a blood test, x-ray, or other test for your child?

- Yes
- No → **Go to Question 25**

24. In the last 6 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

25. 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?

- |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 0                     | 1                     | 2                     | 3                     | 4                     | 5                     | 6                     | 7                     | 8                     | 9                     | 10                    |
| Worst                 |                       |                       |                       |                       | Best                  |                       |                       |                       |                       |                       |
| Provider              |                       |                       |                       |                       | Provider              |                       |                       |                       |                       |                       |
| Possible              |                       |                       |                       |                       | Possible              |                       |                       |                       |                       |                       |

25a. 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 6 months, did your child see a specialist for a particular health problem?

- Yes
- No → **Go to Question 25c**

25b. In the last 6 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 this survey.

25c. In the last 6 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



25d. In the last 6 months, did you and someone from this provider's office talk about how your child's body is growing?

- Yes
- No

25e. In the last 6 months, did you and someone from this provider's office talk about your child's moods and emotions?

- Yes
- No

25f. In the last 6 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

25g. In the last 6 months, did you and someone from this provider's office talk about how much or what kind of food your child eats?

- Yes
- No

25h. In the last 6 months, did you and someone from this provider's office talk about how much or what kind of exercise your child gets?

- Yes
- No

25i. In the last 6 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

26. In the last 6 months, how often were clerks and receptionists at this provider's office as helpful as you thought they should be?

- Never
- Sometimes
- Usually
- Always

27. In the last 6 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

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

- Excellent
- Very good
- Good
- Fair
- Poor

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

- Excellent
- Very good
- Good
- Fair
- Poor



◆ **30. What is your child's age?**

Less than 1 year old

YEARS OLD (write in)

**31. Is your child male or female?**

Male

Female

**32. Is your child of Hispanic or Latino origin or descent?**

Yes, Hispanic or Latino

No, not Hispanic or Latino

**33. 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

**34. 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

**35. Are you male or female?**

Male

Female

◆ **36. 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

**37. How are you related to the child?**

Mother or father

Grandparent

Aunt or uncle

Older brother or sister

Other relative

Legal guardian

Someone else

**38. Did someone help you complete this survey?**

Yes → **Go to Question 39**

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

**39. How did that person help you? 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



◆ ◆

**Thanks again 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**



