

YOUR CHILD'S REGULAR DOCTOR

1. Our records show that your child's regular personal doctor (pediatrician) is:

Is that right? (This refers to the child named in the letter that came with this survey)

- Yes → Go to Question 2
- No, my child's regular doctor is: (Please write correct name of your child's regular doctor.) _____
→ Go to Question 2
- No, my child does not have a regular doctor. → Go to Question 32 on Page 4

2. How long has this person been your child's regular doctor?

- 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

3. In the last 12 months, how many times did your child visit this doctor to get care?

- None → Go to Question 32 on Page 4
- 1
- 2
- 3
- 4
- 5 to 9
- 10 or more

SCHEDULING APPOINTMENTS AND SEEING THE DOCTOR

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

- Never
- Almost never
- Sometimes
- Usually
- Almost always
- Always
- My child did not need care right away in the last 12 months.

5. In the last 12 months, did you make any appointments for check-ups or routine care for your child with this doctor?

- Yes
- No → If No, Go to Question 7

6. In the last 12 months, when you made an appointment for a check-up or routine care with this doctor, how often did you get an appointment as soon as you thought you needed it?

- Never
- Almost never
- Sometimes
- Usually
- Almost always
- Always

7. Wait time includes times spent in the waiting room and exam room. In the last 12 months, how often did your child's visits at this doctor's office start within 15 minutes of your appointment?

- Never
- Almost never
- Sometimes
- Usually
- Almost always
- Always

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

- Never
- Almost never
- Sometimes
- Usually
- Almost always
- Always
- I did not call this doctor's office with a medical question during office hours in the last 12 months.

9. In the last 12 months, when you called this doctor's office after regular office hours, how often did you get the medical help or advice you needed?

- Never
- Almost never
- Sometimes
- Usually
- Almost always
- Always
- I did not call this doctor's office after regular office hours in the last 12 months.

MANAGING YOUR CHILD'S CARE

10. In the last 12 months, how often did this doctor explain things in a way that was easy to understand?

- Never
- Almost never
- Sometimes
- Usually
- Almost always
- Always

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

- ₁ Never
- ₂ Almost never
- ₃ Sometimes
- ₄ Usually
- ₅ Almost always
- ₆ Always

12. In the last 12 months, how often did this doctor give you easy-to-understand instructions about what to do to take care of the health problems or concerns that were bothering your child?

- ₁ Never
- ₂ Almost never
- ₃ Sometimes
- ₄ Usually
- ₅ Almost always
- ₆ Always

13. In the last 12 months, did this doctor talk with you about how your child is growing and developing?

- ₁ Yes
- ₂ No

14. In the last 12 months, did this doctor talk with you about protecting your child from injury (for example, in a car, on a bike, at home)?

- ₁ Yes
- ₂ No

15. In the last 12 months, did this doctor give you the information that you needed about food and nutrition for your child?

- ₁ Yes, definitely
- ₂ Yes, somewhat
- ₃ No, definitely not
- ₄ I did not need information about food and nutrition.

16. In the last 12 months, did this doctor give you the information that you needed to help you understand and deal with your child's behaviors?

- ₁ Yes, definitely
- ₂ Yes, somewhat
- ₃ No, definitely not
- ₄ I did not need information about my child's behaviors.

17. In the last 12 months, how often did this doctor seem to know the important information about your child's medical history?

- ₁ Never
- ₂ Almost never
- ₃ Sometimes
- ₄ Usually
- ₅ Almost always
- ₆ Always

18. How would you rate this doctor's knowledge about your child as a person (special abilities, concerns, fears)?

- ₁ Very poor
- ₂ Poor
- ₃ Fair
- ₄ Good
- ₅ Very good
- ₆ Excellent

19. In the last 12 months, how often did this doctor show respect for what you had to say?

- ₁ Never
- ₂ Almost never
- ₃ Sometimes
- ₄ Usually
- ₅ Almost always
- ₆ Always

20. In the last 12 months, how often did this doctor spend enough time with you and your child?

- ₁ Never
- ₂ Almost never
- ₃ Sometimes
- ₄ Usually
- ₅ Almost always
- ₆ Always

21. In the last 12 months, how often did this doctor encourage you to ask questions?

- ₁ Never
- ₂ Almost never
- ₃ Sometimes
- ₄ Usually
- ₅ Almost always
- ₆ Always

22. In the last 12 months, how often did this doctor let you talk without interruptions?

- ₁ Never
- ₂ Almost never
- ₃ Sometimes
- ₄ Usually
- ₅ Almost always
- ₆ Always

COORDINATING YOUR CHILD'S CARE

23. In the last 12 months, how often did this doctor seem informed and up-to-date about the care your child got from specialist doctors?

- ₁ Never
- ₂ Almost never
- ₃ Sometimes
- ₄ Usually
- ₅ Almost always
- ₆ Always
- ₇ My child did not see any specialist doctors in the last 12 months.

24. In the last 12 months, when this doctor sent your child for a blood test, x-ray or other test, how often did someone from the doctor's office follow-up to give you the test results?

- ₁ Never
- ₂ Almost never
- ₃ Sometimes
- ₄ Usually
- ₅ Almost always
- ₆ Always
- ₇ The doctor did not send my child for any medical tests in the last 12 months.

OVERALL RATING OF DOCTOR

25. Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate this doctor?

- 0 Worst personal doctor possible
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Best personal doctor possible

26. Would you recommend this doctor to your family and friends?

- ₁ Definitely yes
- ₂ Probably yes
- ₃ Not sure
- ₄ Probably not
- ₅ Definitely not

OFFICE STAFF

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

- ₁ Never
- ₂ Almost never
- ₃ Sometimes
- ₄ Usually
- ₅ Almost always
- ₆ Always

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

- ₁ Never
- ₂ Almost never
- ₃ Sometimes
- ₄ Usually
- ₅ Almost always
- ₆ Always

GETTING APPOINTMENTS WITH A SPECIALIST

29. In the last 12 months, did you try to make any appointments for your child to see a specialist doctor?

- ₁ Yes
- ₂ No → *If No, Go to Question 31*

30. In the last 12 months, when you tried to make an appointment for your child to see a specialist, how often did you get an appointment as soon as you needed it?

- ₁ Never
- ₂ Almost never
- ₃ Sometimes
- ₄ Usually
- ₅ Almost always
- ₆ Always

OVERALL RATING OF CARE

31. Using any number from 0 to 10, where 0 is the worst care possible and 10 is the best care possible, what number would you use to rate all your child's health care from all doctors and other health providers that your child has seen in the last 12 months?

- 0 Worst medical care possible
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Best medical care possible

ABOUT YOUR CHILD

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

- ₁ Excellent
- ₂ Very good
- ₃ Good
- ₄ Fair
- ₅ Poor

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

- ₁ Excellent
- ₂ Very good
- ₃ Good
- ₄ Fair
- ₅ Poor

34. In what year was your child born?

Year (Write in)

35. Is your child male or female?

- ₁ Male
- ₂ Female

36. Has a doctor ever told you that your child had:

	Yes ₁	No ₂
a. Diabetes	<input type="radio"/>	<input type="radio"/>
b. Asthma	<input type="radio"/>	<input type="radio"/>
c. Overweight or excessive weight gain	<input type="radio"/>	<input type="radio"/>
d. An eating disorder - anorexia or bulimia	<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 problems	<input type="radio"/>	<input type="radio"/>
g. Autism, mental retardation, or other developmental problems	<input type="radio"/>	<input type="radio"/>
h. Epilepsy or seizure disorder	<input type="radio"/>	<input type="radio"/>
i. Cystic Fibrosis	<input type="radio"/>	<input type="radio"/>
j. Birth defect (including spina bifida and congenital heart disease)	<input type="radio"/>	<input type="radio"/>
k. Other chronic (long term) health condition <i>(please specify)</i> _____	<input type="radio"/>	<input type="radio"/>

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

- ₁ Hispanic or Latino
- ₂ Not Hispanic or Latino

38. Which of the following best describes your child's race?

- ₁ White or Caucasian
- ₂ Black or African-American
- ₃ Asian
- ₄ Native Hawaiian or other Pacific Islander
- ₅ American Indian or Alaska Native
- ₆ Other

39. What is your child's current height (in feet and inches) without shoes on?

feet inches

40. What is your child's current weight (in pounds) without shoes or clothes on?

pounds

ABOUT YOU

41. What language do you mainly speak at home?

- ₁ English
- ₂ Spanish
- ₃ Some other language:

_____ (please print)

42. What is your age?

- ₁ Under 18
- ₂ 18 to 24
- ₃ 25 to 34
- ₄ 35 to 44
- ₅ 45 to 54
- ₆ 55 to 64
- ₇ 65 to 74
- ₈ 75 or older

43. Are you male or female?

- ₁ Male
- ₂ Female

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

- ₁ 8th grade or less
- ₂ Some high school, but did not graduate
- ₃ High school graduate or GED
- ₄ Some college or 2-year degree
- ₅ 4-year college graduate
- ₆ More than 4-year college degree

45. How are you related to the child?

- ₁ Mother or father
- ₂ Grandparent
- ₃ Aunt or uncle
- ₄ Older brother or sister
- ₅ Other relative
- ₆ Legal guardian
- ₇ Someone else:

_____ (please describe)

Thank you.

**When you are done, please use the enclosed prepaid envelope to mail the questionnaire to:
Center for the Study of Services, PO Box 10820, Herndon, VA 20172-9940**