CONFIDENTIAL ID CODE

19-48 months

Your Child's Health Care

- This survey is about discussions you may have had with your child's doctors or other health providers in the last 12 months.
- By completing this survey, you are indicating that you have given your consent to participate.
- This survey is confidential. Do not write your name or your child's name on this survey.
- If you choose to not answer the survey, the decision will have no effect on the health care your child receives.
- If you begin to answer the questions and then change your mind, you may stop at any time. Also, if there are particular questions that you don't want to answer, you may skip them.

Instructions

1. Please use a BLUE or BLACK ink pen to complete this survey.
2. Answer all the questions by checking the box on top of your answer like this:

☑ Yes ☐ No

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SECTION I: DISCUSSIONS WITH YOUR CHILD'S DOCTORS OR OTHER HEALTH PROVIDERS

A doctor or other health provider could be a general doctor, a specialist, a pediatrician, a nurse practitioner, a physician assistant, a nurse or any one else your child would see for health care.

1. In the last 12 months, did your child's doctors or other health providers talk with you about the following:	YES, and my questions were answered	YES, but my questions were not answered completely	NO, but I wish we had talked about that	NO, but I already had information about this topic and did not need to talk about it any more
a) Things you can do to help your child grow and learn	1❑	2❑	3❑	4❑
b) The kinds of behaviors you can expect to see in your child as he/she gets older	1❑	2❑	3❑	4❑
c) Issues related to food and feeding	1❑	2❑	3❑	4❑
d) Bedtime routines and how many hours of sleep your child needs	1❑	2❑	3❑	4❑
e) Toilet training	1❑	2❑	3❑	4❑
f) Words and phrases your child uses and understands	1❑	2❑	3❑	4❑
g) How your child is learning to get along with other children	1❑	2❑	3❑	4❑

2. In the last 12 months, did your child's doctors or other health providers talk with you about the following:	YES, and my questions were answered	YES, but my questions were not answered completely	NO, but I wish we had talked about that	NO, but I already had information about this topic and did not need to talk about it any more
a) Guidance and discipline techniques to use with your child	1❑	2❑	3❑	4❑
b) Ways to teach your child about dangerous situations, places and objects	1❑	2❑	3❑	4❑
c) Using a car-seat	1❑	2❑	3❑	4❑
d) How to make your house safe	1❑	2❑	3❑	4❑
e) What you should do if your child swallows certain kinds of poisons	1❑	2❑	3❑	4❑
f) Importance of reading with your child	1❑	2❑	3❑	4❑
g) Issues related to childcare	1❑	2❑	3❑	4❑

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SECTION II: EXPERIENCE OF CARE

The next questions ask about your overall experiences with the health care your child has received from his or her doctors or other health providers in the last 12 months.

3. In the last 12 months, how often did your child's doctors or other health providers. . .	Never	Sometimes	Usually	Always
a) Take time to understand the specific needs of your child	1❑	2❑	3❑	4❑
b) Respect you as an expert about your child	1❑	2❑	3❑	4❑
c) Help you feel like a partner in your child's care	1❑	2❑	3❑	4❑
d) Explain things in a way that you can understand	1❑	2❑	3❑	4❑
e) Show respect for your family's values, customs and how you prefer to raise your child	1❑	2❑	3❑	4❑

SECTION III: HEALTH CONCERNS ABOUT YOUR CHILD

The next few questions ask about concerns parents or guardians sometimes have about their child.

4.* Do you have any concerns about . . .	Yes	A little	Not at all
a) Your child's learning, development or behavior	1❑	2❑	3❑
b) How your child talks and makes speech sounds	1❑	2❑	3❑
c) How your child understands what you say	1❑	2❑	3❑
d) How your child uses his or her arms and legs	1❑	2❑	3❑
e) How your child behaves	1❑	2❑	3❑
f) How your child gets along with others	1❑	2❑	3❑

5. In the last 12 months, did your child's doctors or other health providers ask if you have concerns about your child's learning, development or behavior?

1❑ Yes 2❑ No 3❑ I don't remember

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6. In the last 12 months, did your child's doctors or other health providers give you specific information to address your concerns?

1❑ Yes 2❑ No 3❑ I don't remember 4❑ I did not have any concerns

7. Did your child's doctors or other health providers ever:	Yes	No
a) Refer your child to another doctor or other health provider	1❑	2❑
b) Test your child's learning and behavior	1❑	2❑
c) Note a concern about your child that should be watched carefully	1❑	2❑
d) Refer your child for speech-language or hearing testing	1❑	2❑

SECTION IV: QUESTIONS ABOUT YOUR FAMILY

A child's doctors or other health providers sometimes ask questions about a child's family. These questions help them provide the best care possible for your child. These questions can be asked in a survey that you fill out before the visit, in the waiting room or when you talked with your child's doctor or other health provider during your child's visit.

8. In the last 12 months, did your child's doctors or other health providers ask you:	Yes	No
a) If you or someone in your household smokes	1❑	2❑
b) If you or someone in your household drinks alcohol or uses other substances	1❑	2❑
c) If you ever feel depressed, sad or have crying spells	1❑	2❑
d) If you have any firearms in your home	1❑	2❑
e) To talk about any changes or stressors in your family or home	1❑	2❑

SECTION V: YOUR CHILD'S PERSONAL DOCTOR OR NURSE

9. A personal doctor or nurse is a health professional who knows your child well and is familiar with your child's health history. This can be a general doctor, a pediatrician, a specialist doctor, a nurse practitioner or a physician assistant. Do you have one person you think of as your child's personal doctor or nurse?

1❑ Yes 2❑ No → Go to Question 10

9a. Do you have more than one person you think of as your child's personal doctor or nurse?

1❑ Yes 2❑ No

SECTION VI: YOUR CHILD, YOU, AND YOUR FAMILY

These last questions are about your child, you, and your family. We are asking these questions to better understand the children and families we care for so that we can improve our services. Remember this survey is **confidential** and results will be kept completely anonymous.

10. Is the child named in this survey your first child?

1❑ Yes 2❑ No 3❑ The question does not apply to me

11. How long did you breastfeed your child?

1❑ My child was not breastfed 2❑ Less than a month 3❑ A month or more 4❑ I am still breastfeeding

12. How many days in <u>a typical week</u> do you or other family members read a book with your child?

1❑ Everyday (7 days) 2❑ 5-6 days 3❑ 3-4 days 4❑ 1-2 days 5❑ No Days (0 days)

13. 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 a 4-year college degree

14. In the <u>last 12 months</u>, have you had two weeks or more during which you felt sad, blue, depressed or lost pleasure in things you usually cared about or enjoyed?

1❑ Yes 2❑ No

15. How much trouble have you had paying for. . .	A Lot of Trouble	Some Trouble	No Trouble
a) Child's health and medical expenses	1❑	2❑	3❑
b) Supplies like formula, food, diapers, clothes and shoes	1❑	2❑	3❑
c) Healthcare for yourself	1❑	2❑	3❑

YOU'RE DONE!!

Thank you for completing the survey. Please put the survey in the envelope provided and drop it off in the "completed survey" box before you leave.

You have helped make a difference.