



GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

PeachCare for Kids® Program

CAHPS® 5.0 Child Medicaid Summary Report

June 2016



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Introduction. The CAHPS® 5.0H Survey is a comprehensive tool for assessing parents'/caregivers' experiences with PeachCare for Kids® Program's (PCK Program) services for children. This report is designed to allow the Medicaid program to look at summaries of members' experiences using two types of presentation. First, this executive summary presents a brief description of the survey methodology, a graphic presentation of key results for rating questions and composites, and a sample disposition. Second, member responses are presented by question, including information about the response options used for scoring achievements. A copy of the questionnaire is found as an appendix.

Assessing consumers' experience in this report is accomplished with the use of achievement scores and composite scores. Member responses to survey questions are summarized as achievement scores. Responses indicating a positive experience are labeled as achievements, and an achievement score is computed equal to the proportion of responses qualifying as achievements. The lower the achievement score, the greater the need for the Medicaid program to improve. Composite scores are built from achievements for groups of survey items that make up broad domains of members' experience: Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, Customer Service, and Shared Decision Making.

Results

This report summarizes the findings of the child Medicaid 5.0 CAHPS survey conducted for PCK Program. Attempts were made to survey 1650 member households by mail and telephone during the period February 9, 2016 through April 26, 2016, using a mixed-mode procedure and standard questionnaire. The survey procedure and questionnaire were developed jointly by the Agency for Healthcare Research and Quality (AHRQ) and the National Committee for Quality Assurance (NCQA).

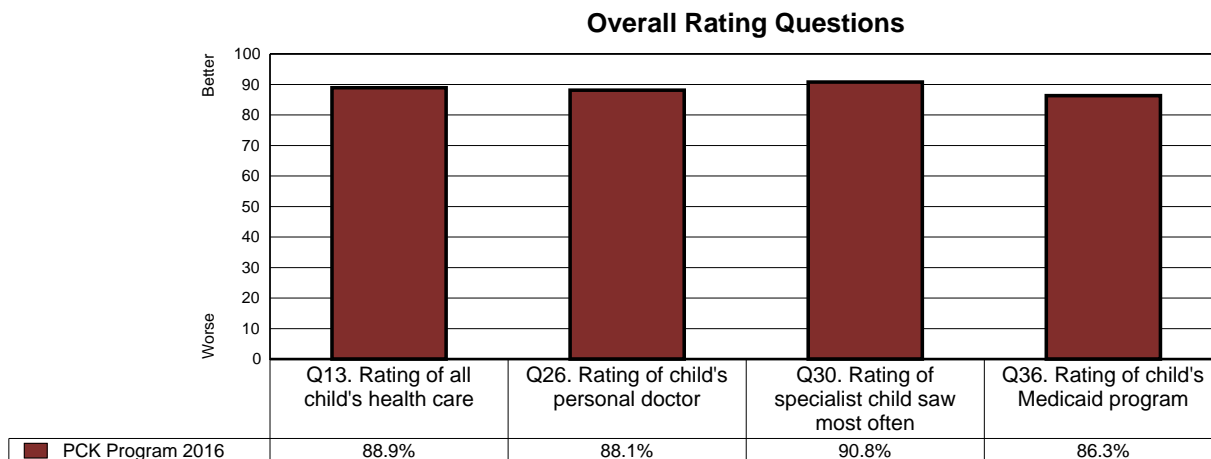
The survey drew as potential respondents the parents or caretakers of child members of PCK Program who were continuously enrolled in the plan for at least 6 months as of November 30, 2015, with no more than one enrollment gap of 45 days or less. From this sample frame, a random sample of 1650 cases was drawn. The survey was offered in English and Spanish. Questionnaires were considered complete if respondents did not answer 'No' to Q1 and provided valid responses to at least three out of five key questions throughout the questionnaire, as per NCQA's 2016 completeness requirements. Complete interviews were obtained from 568 PCK Program members, and the response rate was 35.7%.

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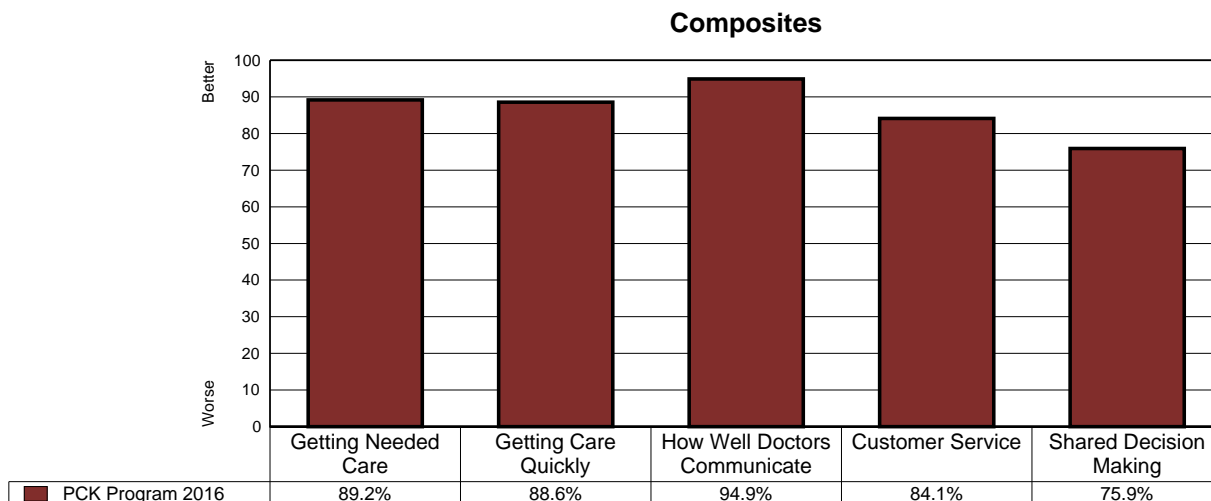
SUMMARY OF OVERALL RATING QUESTIONS

Four rating questions assess overall consumer satisfaction with health care, personal doctor, specialist seen most often, and program. Response options for overall rating questions range from 0 (worst) to 10 (best). In the table below, ratings of 8, 9, or 10 are considered achievements, and the achievement score is presented as the proportion of members whose response was an achievement.



SUMMARY OF COMPOSITES

A composite score is calculated for each of five domains of member experience: Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, Customer Service, and Shared Decision Making. The composite scores provide a summary assessment of how the plan performed across the domain. In the table below, proportions of positive responses are reported as achievement scores. Responses of "Yes" are considered achievements for the Shared Decision Making composite. For all other composites, responses of "Usually" or "Always" are considered achievements.



Sample Disposition

	PCK Program 2016
First mailing - sent	1650
*First mailing - usable survey returned	228
Second mailing - sent	1436
*Second mailing - usable survey returned	157
*Phone - usable surveys	183
Total - usable surveys	568
†Ineligible: According to population criteria‡	45
†Ineligible: Language barrier	13
†Ineligible: Deceased	0
†Ineligible: Mentally or physically unable to complete survey	0
Invalid address and phone number	9
Refusal	39
Incomplete survey - mail or phone	33
Adjusted Response Rate	35.7%

*Included in response rate numerator

†Excluded from adjusted response rate denominator

‡Population criteria: The designated respondent must be enrolled in the health plan and meet the age requirements of the survey methodology.

Note: *Adjusted Response Rate = Total Usable Surveys / Total Eligible Cases*

Responses by Question

Q1. Our records show that your child is now in PeachCare for Kids® Program. Is that right?

	PCK Program	
	N	%
Yes	560	100.0%
No	0	0.0%
Total	560	100.0%
Not Answered	8	

Your Child's Health Care in the Last 6 Months

Q3. In the last 6 months, did your child have an illness, injury or condition that needed care right away in a clinic, emergency room or doctor's office?

	PCK Program	
	N	%
Yes	164	29.0%
No	401	71.0%
Total	565	100.0%
Not Answered	3	

Q4. In the last 6 months, when your child needed care right away, how often did your child get care as soon as he or she needed?

	PCK Program	
	N	%
<input type="radio"/> Never	2	1.3%
<input type="radio"/> Sometimes	12	8.1%
<input type="radio"/> Usually	19	12.8%
<input type="radio"/> Always	116	77.9%
Total	149	100.0%
Not Answered	15	
Reporting Category	Getting Care Quickly	
Achievement Score	90.6%	

Q5. In the last 6 months, did you make any appointments for a check-up or routine care for your child at a doctor's office or clinic?

	PCK Program	
	N	%
Yes	389	69.1%
No	174	30.9%
Total	563	100.0%
Not Answered	5	

Response scored as: Achievement Room for improvement

Responses by Question

Your Child's Health Care in the Last 6 Months (continued)

- Q6.** In the last 6 months, when you made an appointment for a check-up or routine care for your child at a doctor's office or clinic, how often did you get an appointment as soon as your child needed?

	PCK Program	
	N	%
● Never	3	0.8%
● Sometimes	38	10.6%
● Usually	71	19.8%
● Always	246	68.7%
Total	358	100.0%
Not Answered	31	
Reporting Category	Getting Care Quickly	
Achievement Score	88.5%	

- Q7.** In the last 6 months, not counting the times your child went to an emergency room, how many times did he or she go to a doctor's office or clinic to get health care?

	PCK Program	
	N	%
None	146	26.4%
1 time	181	32.7%
2	112	20.2%
3	61	11.0%
4	21	3.8%
5 to 9	26	4.7%
10 or more times	7	1.3%
Total	554	100.0%
Not Answered	14	

- Q8.** In the last 6 months, did you and your child's doctor or other health provider talk about specific things you could do to prevent illness in your child?

	PCK Program	
	N	%
● Yes	268	67.3%
● No	130	32.7%
Total	398	100.0%
Not Answered	10	
Reporting Category	Single Items	
Achievement Score	67.3%	

○ **Response scored as:** ● Achievement ● Room for improvement

Responses by Question

Your Child's Health Care in the Last 6 Months (continued)

- Q9.** In the last 6 months, did you and your child's doctor or other health provider talk about starting or stopping a prescription medicine for your child?

	PCK Program	
	N	%
Yes	101	25.6%
No	294	74.4%
Total	395	100.0%
Not Answered	13	

- Q10.** Did a doctor or other health provider talk about the reasons you might want your child to take a medicine?

	PCK Program	
	N	%
<input checked="" type="radio"/> Yes	93	92.1%
<input type="radio"/> No	8	7.9%
Total	101	100.0%
Not Answered	0	
Reporting Category	Shared Decision Making	
Achievement Score	92.1%	

- Q11.** Did a doctor or other health provider talk about the reasons you might not want your child to take a medicine?

	PCK Program	
	N	%
<input checked="" type="radio"/> Yes	61	60.4%
<input type="radio"/> No	40	39.6%
Total	101	100.0%
Not Answered	0	
Reporting Category	Shared Decision Making	
Achievement Score	60.4%	

- Q12.** When you talked about your child starting or stopping a prescription medicine, did a doctor or other health provider ask you what you thought was best for your child?

	PCK Program	
	N	%
<input checked="" type="radio"/> Yes	75	75.0%
<input type="radio"/> No	25	25.0%
Total	100	100.0%
Not Answered	1	
Reporting Category	Shared Decision Making	
Achievement Score	75.0%	

Response scored as: Achievement Room for improvement

Responses by Question

Your Child's Health Care in the Last 6 Months (continued)

Q13. Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your child's health care in the last 6 months?

	PCK Program	
	N	%
● Worst health care possible	0	0.0%
● 1	0	0.0%
● 2	1	0.3%
● 3	3	0.8%
● 4	1	0.3%
● 5	3	0.8%
● 6	9	2.3%
● 7	27	6.8%
● 8	72	18.2%
● 9	96	24.2%
● Best health care possible	184	46.5%
Total	396	100.0%
Not Answered	12	
Reporting Category	Ratings	
Rating (8, 9 and 10)	88.9%	

Q14. In the last 6 months, how often was it easy to get the care, tests, or treatment your child needed?

	PCK Program	
	N	%
● Never	6	1.5%
● Sometimes	32	8.2%
● Usually	102	26.2%
● Always	250	64.1%
Total	390	100.0%
Not Answered	18	
Reporting Category	Getting Needed Care	
Achievement Score	90.3%	

Your Child's Personal Doctor

Q15. A personal doctor is the one your child would see if he or she needs a check-up, has a health problem, or gets sick or hurt. Does your child have a personal doctor?

	PCK Program	
	N	%
Yes	528	93.3%
No	38	6.7%
Total	566	100.0%
Not Answered	2	

○ **Response scored as:** ● Achievement ● Room for improvement

Responses by Question

Your Child's Personal Doctor (continued)

Q16. In the last 6 months, how many times did your child visit his or her personal doctor for care?

	PCK Program	
	N	%
None	116	23.3%
1 time	206	41.4%
2	98	19.7%
3	41	8.2%
4	19	3.8%
5 to 9	13	2.6%
10 or more times	5	1.0%
Total	498	100.0%
Not Answered	30	

Q17. In the last 6 months, how often did your child's personal doctor explain things about your child's health in a way that was easy to understand?

	PCK Program	
	N	%
<input type="radio"/> Never	3	0.8%
<input type="radio"/> Sometimes	13	3.4%
<input type="radio"/> Usually	58	15.3%
<input type="radio"/> Always	306	80.5%
Total	380	100.0%
Not Answered	2	
Reporting Category	Communication	
Achievement Score	95.8%	

Q18. In the last 6 months, how often did your child's personal doctor listen carefully to you?

	PCK Program	
	N	%
<input type="radio"/> Never	2	0.5%
<input type="radio"/> Sometimes	13	3.4%
<input type="radio"/> Usually	55	14.4%
<input type="radio"/> Always	312	81.7%
Total	382	100.0%
Not Answered	0	
Reporting Category	Communication	
Achievement Score	96.1%	

Response scored as: Achievement Room for improvement

Responses by Question

Your Child's Personal Doctor (continued)

Q19. In the last 6 months, how often did your child's personal doctor show respect for what you had to say?

	PCK Program	
	N	%
● Never	0	0.0%
● Sometimes	11	2.9%
● Usually	41	10.8%
● Always	327	86.3%
Total	379	100.0%
Not Answered	3	
Reporting Category	Communication	
Achievement Score	97.1%	

Q20. Is your child able to talk with doctors about his or her health care?

	PCK Program	
	N	%
Yes	319	84.2%
No	60	15.8%
Total	379	100.0%
Not Answered	3	

Q21. In the last 6 months, how often did your child's personal doctor explain things in a way that was easy for your child to understand?

	PCK Program	
	N	%
● Never	0	0.0%
● Sometimes	14	4.4%
● Usually	56	17.7%
● Always	246	77.8%
Total	316	100.0%
Not Answered	3	
Reporting Category	Single Items	
Achievement Score	95.6%	

○ **Response scored as:** ● Achievement ● Room for improvement

Responses by Question

Your Child's Personal Doctor (continued)

Q22. In the last 6 months, how often did your child's personal doctor spend enough time with your child?

	PCK Program	
	N	%
● Never	6	1.6%
● Sometimes	28	7.4%
● Usually	75	19.8%
● Always	269	71.2%
Total	378	100.0%
Not Answered	4	
Reporting Category	Communication	
Achievement Score	91.0%	

Q23. In the last 6 months, did your child's personal doctor talk with you about how your child is feeling, growing, or behaving?

	PCK Program	
	N	%
Yes	323	85.0%
No	57	15.0%
Total	380	100.0%
Not Answered	2	

Q24. In the last 6 months, did your child get care from a doctor or other health provider besides his or her personal doctor?

	PCK Program	
	N	%
Yes	157	41.5%
No	221	58.5%
Total	378	100.0%
Not Answered	4	

Q25. In the last 6 months, how often did your child's personal doctor seem informed and up-to-date about the care your child got from these doctors or other health providers?

	PCK Program	
	N	%
● Never	13	8.7%
● Sometimes	12	8.0%
● Usually	45	30.0%
● Always	80	53.3%
Total	150	100.0%
Not Answered	7	
Reporting Category	Single Items	
Achievement Score	83.3%	

○ **Response scored as:** ● Achievement ● Room for improvement

Responses by Question

Your Child's Personal Doctor (continued)

- Q26.** 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 your child's personal doctor?

	PCK Program	
	N	2016 %
<input type="radio"/> Worst personal doctor possible	1	0.2%
<input type="radio"/> 1	0	0.0%
<input type="radio"/> 2	1	0.2%
<input type="radio"/> 3	1	0.2%
<input type="radio"/> 4	2	0.4%
<input type="radio"/> 5	5	1.0%
<input type="radio"/> 6	16	3.2%
<input type="radio"/> 7	33	6.7%
<input checked="" type="radio"/> 8	69	13.9%
<input checked="" type="radio"/> 9	98	19.8%
<input checked="" type="radio"/> Best personal doctor possible	269	54.3%
Total	495	100.0%
Not Answered	33	
Reporting Category	Ratings	
Rating (8, 9 and 10)	88.1%	

Getting Health Care From Specialists

- Q27.** 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 you make any appointments for your child to see a specialist?

	PCK Program	
	N	2016 %
Yes	122	21.6%
No	444	78.4%
Total	566	100.0%
Not Answered	2	

- Q28.** In the last 6 months, how often did you get an appointment for your child to see a specialist as soon as you needed?

	PCK Program	
	N	2016 %
<input type="radio"/> Never	2	1.6%
<input type="radio"/> Sometimes	17	13.9%
<input checked="" type="radio"/> Usually	34	27.9%
<input checked="" type="radio"/> Always	69	56.6%
Total	122	100.0%
Not Answered	0	
Reporting Category	Getting Needed Care	
Achievement Score	84.4%	

Response scored as: Achievement Room for improvement

Responses by Question

Getting Health Care From Specialists (continued)

Q29. How many specialists has your child seen in the last 6 months?

	PCK Program	
	N	%
None	1	0.8%
1 specialist	95	78.5%
2	18	14.9%
3	5	4.1%
4	2	1.7%
5 or more specialists	0	0.0%
Total	121	100.0%
Not Answered	1	

Q30. We want to know your rating of the specialist your child saw most often in the last 6 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?

	PCK Program	
	N	%
● Worst specialist possible	0	0.0%
● 1	0	0.0%
● 2	0	0.0%
● 3	0	0.0%
● 4	0	0.0%
● 5	2	1.7%
● 6	4	3.4%
● 7	5	4.2%
● 8	21	17.6%
● 9	20	16.8%
● Best specialist possible	67	56.3%
Total	119	100.0%
Not Answered	1	
Reporting Category	Ratings	
Rating (8, 9 and 10)	90.8%	

Your Child's Health Plan

Q31. In the last 6 months, did you get information or help from customer service at your child's health plan?

	PCK Program	
	N	%
Yes	181	32.4%
No	377	67.6%
Total	558	100.0%
Not Answered	10	

○ Response scored as: ● Achievement ● Room for improvement

Responses by Question

Your Child's Health Plan (continued)

Q32. In the last 6 months, how often did customer service at your child's health plan give you the information or help you needed?

	PCK Program	
	N	%
● Never	5	2.9%
● Sometimes	31	17.9%
● Usually	47	27.2%
● Always	90	52.0%
Total	173	100.0%
Not Answered	8	
Reporting Category	Customer Service	
Achievement Score	79.2%	

Q33. In the last 6 months, how often did customer service staff at your child's health plan treat you with courtesy and respect?

	PCK Program	
	N	%
● Never	4	2.3%
● Sometimes	15	8.7%
● Usually	30	17.3%
● Always	124	71.7%
Total	173	100.0%
Not Answered	8	
Reporting Category	Customer Service	
Achievement Score	89.0%	

Q34. In the last 6 months, did your child's health plan give you any forms to fill out?

	PCK Program	
	N	%
Yes	226	40.6%
No	330	59.4%
Total	556	100.0%
Not Answered	12	

○ **Response scored as:** ● Achievement ● Room for improvement

Responses by Question

Your Child's Health Plan (continued)

PQ35. In the last 6 months, how often were the forms from your child's health plan easy to fill out? [NOTE: Response of 'Always' padded with Q34 = 'No', based on NCQA scoring guidelines.]

	PCK Program	
	N	%
● Never	9	1.6%
● Sometimes	29	5.3%
● Usually	83	15.2%
● Always	426	77.9%
Total	547	100.0%
Not Answered	9	
Reporting Category	Single Items	
Achievement Score	93.1%	

Q36. Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your child's health plan?

	PCK Program	
	N	%
● Worst health plan possible	1	0.2%
● 1	1	0.2%
● 2	0	0.0%
● 3	3	0.5%
● 4	2	0.4%
● 5	12	2.2%
● 6	15	2.7%
● 7	42	7.6%
● 8	100	18.0%
● 9	116	20.9%
● Best health plan possible	264	47.5%
Total	556	100.0%
Not Answered	12	
Reporting Category	Ratings	
Rating (8, 9 and 10)	86.3%	

○ Response scored as: ● Achievement ● Room for improvement

Responses by Question

About Your Child and You

Q37. In general, how would you rate your child's overall health?

	PCK Program	
	N	%
● Excellent	251	45.0%
● Very Good	215	38.5%
● Good	85	15.2%
● Fair	7	1.3%
● Poor	0	0.0%
Total	558	100.0%
Not Answered	10	
Reporting Category	Single Items	
Achievement Score	83.5%	

Q38. In general, how would you rate your child's overall mental or emotional health?

	PCK Program	
	N	%
● Excellent	318	56.5%
● Very Good	162	28.8%
● Good	66	11.7%
● Fair	16	2.8%
● Poor	1	0.2%
Total	563	100.0%
Not Answered	5	
Reporting Category	Single Items	
Achievement Score	85.3%	

Q39. What is your child's age?

	PCK Program	
	N	%
Less than 1 year old	0	0.0%
1 to 2 years old	24	4.3%
3 to 4 years old	47	8.4%
5 to 7 years old	83	14.8%
8 to 10 years old	109	19.4%
11 to 13 years old	121	21.5%
14 to 19 years old	178	31.7%
Total	562	100.0%
Not Answered	6	

Response scored as: ● Achievement ● Room for improvement

Responses by Question

About Your Child and You (continued)

Q40. Is your child male or female?

	PCK Program	
	N	2016 %
Male	292	52.0%
Female	269	48.0%
Total	561	100.0%
Not Answered	7	

Q41. Is your child of Hispanic or Latino origin or descent?

	PCK Program	
	N	2016 %
Yes, Hispanic or Latino	146	26.2%
No, Not Hispanic or Latino	411	73.8%
Total	557	100.0%
Not Answered	11	

Q42.1. What is your child's race? Response: White.

	PCK Program	
	N	2016 %
Yes	303	57.0%
No	229	43.0%
Total	532	100.0%
Not Answered	36	

Q42.2. What is your child's race? Response: Black or African-American.

	PCK Program	
	N	2016 %
Yes	161	30.3%
No	371	69.7%
Total	532	100.0%
Not Answered	36	

Q42.3. What is your child's race? Response: Asian.

	PCK Program	
	N	2016 %
Yes	36	6.8%
No	496	93.2%
Total	532	100.0%
Not Answered	36	

Responses by Question

About Your Child and You (continued)

Q42.4. What is your child's race? Response: Native Hawaiian or other Pacific Islander.

	PCK Program	
	N	%
Yes	3	0.6%
No	529	99.4%
Total	532	100.0%
Not Answered	36	

Q42.5. What is your child's race? Response: American Indian or Alaskan Native.

	PCK Program	
	N	%
Yes	3	0.6%
No	529	99.4%
Total	532	100.0%
Not Answered	36	

Q42.6. What is your child's race? Response: Other.

	PCK Program	
	N	%
Yes	60	11.3%
No	472	88.7%
Total	532	100.0%
Not Answered	36	

Q43. What is your age?

	PCK Program	
	N	%
Under 18	21	3.8%
18 to 24	8	1.4%
25 to 34	128	22.9%
35 to 44	277	49.6%
45 to 54	102	18.3%
55 to 64	19	3.4%
65 to 74	2	0.4%
75 or older	1	0.2%
Total	558	100.0%
Not Answered	10	

Responses by Question

About Your Child and You (continued)

Q44. Are you male or female?

	PCK Program	
	N	%
Male	95	17.0%
Female	464	83.0%
Total	559	100.0%
Not Answered	9	

Q45. What is the highest grade or level of school that you have completed?

	PCK Program	
	N	%
8th grade or less	41	7.4%
Some high school but did not graduate	34	6.1%
High school graduate or GED	142	25.7%
Some college or 2-year degree	209	37.8%
4-year college graduate	82	14.8%
More than 4-year college degree	45	8.1%
Total	553	100.0%
Not Answered	15	

Q46. How are you related to the child?

	PCK Program	
	N	%
Mother or father	548	98.4%
Grandparent	7	1.3%
Aunt or uncle	0	0.0%
Older brother or sister	1	0.2%
Other relative	0	0.0%
Legal guardian	1	0.2%
Someone else	0	0.0%
Total	557	100.0%
Not Answered	11	

Q47. Did someone help you complete this survey?

	PCK Program	
	N	%
Yes	29	7.6%
No	353	92.4%
Total	382	100.0%
Not Answered	3	

Responses by Question

About Your Child and You (continued)

Q48.1. How did that person help you? Response: Read the questions to me.

	PCK Program	
	N	%
Yes	7	24.1%
No	22	75.9%
Total	29	100.0%
Not Answered	3	

Q48.2. How did that person help you? Response: Wrote down the answers I gave.

	PCK Program	
	N	%
Yes	3	10.3%
No	26	89.7%
Total	29	100.0%
Not Answered	3	

Q48.3. How did that person help you? Response: Answered the questions for me.

	PCK Program	
	N	%
Yes	3	10.3%
No	26	89.7%
Total	29	100.0%
Not Answered	3	

Q48.4. How did that person help you? Response: Translated the questions into my language.

	PCK Program	
	N	%
Yes	22	75.9%
No	7	24.1%
Total	29	100.0%
Not Answered	3	

Q48.5. How did that person help you? Response: Helped in some other way.

	PCK Program	
	N	%
Yes	1	3.4%
No	28	96.6%
Total	29	100.0%
Not Answered	3	

Custom Questions

About You

Q38a. Has your child had either a flu shot or flu spray in the nose since July 1, 2015?

	PCK Program	
	N	%
<input checked="" type="radio"/> Yes	222	41.4%
<input checked="" type="radio"/> No	314	58.6%
<input checked="" type="radio"/> Don't know	25	
Total	536	100.0%
Not Answered	7	
Reporting Category	Single Items	
Achievement Score	41.4%	

Response scored as: Achievement Room for improvement



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 study, please call 1-877-455-7161.

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

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 is now in [Georgia Medicaid/PeachCare for Kids]. Is that right?

○ Yes → Go to Question 3
○ No

- 2. What is the name of your child's health plan? (Please print)



**YOUR CHILD'S HEALTH CARE
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.

- 3. In the last 6 months, did your child have an illness, injury, or condition that needed care right away in a clinic, emergency room, or doctor's office?
 Yes
 No → *Go to Question 5*

- 4. In the last 6 months, when your child needed care right away, how often did your child get care as soon as he or she needed?
 Never
 Sometimes
 Usually
 Always

- 5. In the last 6 months, did you make any appointments for a check-up or routine care for your child at a doctor's office or clinic?
 Yes
 No → *Go to Question 7*

- 6. In the last 6 months, when you made an appointment for a check-up or routine care for your child at a doctor's office or clinic, how often did you get an appointment as soon as your child needed?
 Never
 Sometimes
 Usually
 Always

- 7. In the last 6 months, not counting the times your child went to an emergency room, how many times did he or she go to a doctor's office or clinic to get health care?
 None → *Go to Question 15*
 1 time
 2
 3
 4
 5 to 9
 10 or more times

- 8. In the last 6 months, did you and your child's doctor or other health provider talk about specific things you could do to prevent illness in your child?
 Yes
 No

- 9. In the last 6 months, did you and your child's doctor or other health provider talk about starting or stopping a prescription medicine for your child?
 Yes
 No → *Go to Question 13*

- 10. Did you and a doctor or other health provider talk about the reasons you might want your child to take a medicine?
 Yes
 No

- 11. Did you and a doctor or other health provider talk about the reasons you might not want your child to take a medicine?
 Yes
 No



12. When you talked about your child starting or stopping a prescription medicine, did a doctor or other health provider ask you what you thought was best for your child?

- Yes
- No

13. Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your child's health care in the last 6 months?

- | | | | | | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <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 | | | | | |
| Health Care | | | | | Health Care | | | | | |
| Possible | | | | | Possible | | | | | |

14. In the last 6 months, how often was it easy to get the care, tests, or treatment your child needed?

- Never
- Sometimes
- Usually
- Always

YOUR CHILD'S PERSONAL DOCTOR

15. A personal doctor is the one your child would see if he or she needs a checkup, has a health problem or gets sick or hurt. Does your child have a personal doctor?

- Yes
- No → *Go to Question 27*

16. In the last 6 months, how many times did your child visit his or her personal doctor for care?

- None → *Go to Question 26*
- 1 time
- 2
- 3
- 4
- 5 to 9
- 10 or more times

17. In the last 6 months, how often did your child's personal doctor explain things about your child's health in a way that was easy to understand?

- Never
- Sometimes
- Usually
- Always

18. In the last 6 months, how often did your child's personal doctor listen carefully to you?

- Never
- Sometimes
- Usually
- Always

19. In the last 6 months, how often did your child's personal doctor show respect for what you had to say?

- Never
- Sometimes
- Usually
- Always

20. Is your child able to talk with doctors about his or her health care?

- Yes
- No → *Go to Question 22*



21. In the last 6 months, how often did your child's personal doctor explain things in a way that was easy for your child to understand?

- Never
- Sometimes
- Usually
- Always

22. In the last 6 months, how often did your child's personal doctor spend enough time with your child?

- Never
- Sometimes
- Usually
- Always

23. In the last 6 months, did your child's personal doctor talk with you about how your child is feeling, growing, or behaving?

- Yes
- No

24. In the last 6 months, did your child get care from a doctor or other health provider besides his or her personal doctor?

- Yes
- No → **Go to Question 26**

25. In the last 6 months, how often did your child's personal doctor seem informed and up-to-date about the care your child got from these doctors or other health providers?

- Never
- Sometimes
- Usually
- Always

26. 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 your child's personal doctor?

- | | | | | | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <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 | | | | | |
| Personal Doctor | | | | | Personal Doctor | | | | | |
| Possible | | | | | Possible | | | | | |

GETTING HEALTH CARE FROM SPECIALISTS

When you answer the next questions, do not include dental visits or care your child got when he or she stayed overnight in a hospital.

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 6 months, did you make any appointments for your child to see a specialist?

- Yes
- No → **Go to Question 31**

28. In the last 6 months, how often did you get an appointment for your child to see a specialist as soon as you needed?

- Never
- Sometimes
- Usually
- Always

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

- Excellent
- Very good
- Good
- Fair
- Poor

38a. Has your child had either a flu shot or flu spray in the nose since July 1, 2015?

- Yes
- No
- Don't know

39. What is your child's age?

- Less than 1 year old

YEARS OLD (write in)

40. Is your child male or female?

- Male
- Female

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

- Yes, Hispanic or Latino
- No, Not Hispanic or Latino

42. 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

43. 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

44. Are you male or female?

- Male
- Female

45. 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

46. How are you related to the child?

- Mother or father
- Grandparent
- Aunt or uncle
- Older brother or sister
- Other relative
- Legal guardian
- Someone else

47. Did someone help you complete this survey?

- Yes → **Go to Question 48**
- No → **Thank you. Please return the completed survey in the postage-paid envelope.**



◆ **48. 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



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