

EXPERIENCES WITH YOUR CHILD'S DOCTOR SURVEY

YOUR CHILD'S DOCTOR

1. Our records show that your child got care from the doctor named below in the last 6 months.

Is that right?

- ₁ Yes
₂ No → *If No, go to Question 40 on Page 4*

2. Is this the doctor you usually see if your child needs a check-up or gets sick or hurt?

- ₁ Yes
₂ No

3. How long has your child been going to this doctor?

- ₁ Less than 6 months
₂ At least 6 months but less than 1 year
₃ At least 1 year but less than 3 years
₄ At least 3 years but less than 5 years
₅ 5 years or more

YOUR CHILD'S CARE FROM THIS DOCTOR 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 doctor for care?

- ₁ None → *If None, go to Question 40 on Page 4*
₂ 1 time
₃ 2
₄ 3
₅ 4
₆ 5 to 9
₇ 10 or more times

5. In the last 6 months, did you contact this doctor's office to get an appointment for your child for an illness, injury, or condition that needed care right away?

- ₁ Yes
₂ No → *If No, go to Question 7*

6. In the last 6 months, when you contacted 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 your child needed?

- ₁ Never
₂ Sometimes
₃ Usually
₄ Always

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

- ₁ Yes
₂ No → *If No, go to Question 9*

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

- ₁ Never
₂ Sometimes
₃ Usually
₄ Always

9. In the last 6 months, did your child need care during evenings, weekends, or holidays?

- ₁ Yes
₂ No → *If No, go to Question 11*

10. In the last 6 months, how often were you able to get the care your child needed from this doctor's office during evenings, weekends, or holidays?

- ₁ Never
₂ Sometimes
₃ Usually
₄ Always

11. In the last 6 months, did you contact this doctor's office with a medical question about your child during regular office hours?

- ₁ Yes
₂ No → *If No, go to Question 13*

12. In the last 6 months, when you contacted this doctor's office during regular office hours, how often did you get an answer to your medical question that same day?

- ₁ Never
₂ Sometimes
₃ Usually
₄ Always

13. In the last 6 months, did you contact this doctor's office with a medical question about your child after regular office hours?

- ₁ Yes
₂ No → *If No, go to Question 15 on Page 2*

14. In the last 6 months, when you contacted this doctor's office after regular office hours, how often did you get an answer to your medical question as soon as you needed?

- ₁ Never
₂ Sometimes
₃ Usually
₄ Always

15. Wait time includes time spent in the waiting room and exam room. In the last 6 months, how often did your child see this doctor within 15 minutes of his or her appointment time?

- ₁ Never
- ₂ Sometimes
- ₃ Usually
- ₄ Always

MANAGING YOUR CHILD'S CARE

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

- ₁ Never
- ₂ Sometimes
- ₃ Usually
- ₄ Always

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

- ₁ Never
- ₂ Sometimes
- ₃ Usually
- ₄ Always

18. In the last 6 months, how often did this doctor seem to know the important information about your child's medical history?

- ₁ Never
- ₂ Sometimes
- ₃ Usually
- ₄ Always

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

- ₁ Never
- ₂ Sometimes
- ₃ Usually
- ₄ Always

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

- ₁ Never
- ₂ Sometimes
- ₃ Usually
- ₄ Always

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

- ₁ Yes
- ₂ No → *If No, go to Question 23*

22. In the last 6 months, when this doctor ordered a blood test, x-ray, or other test for your child, how often did someone from this doctor's office follow up to give you those results?

- ₁ Never
- ₂ Sometimes
- ₃ Usually
- ₄ Always

OVERALL RATING OF DOCTOR

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

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

COORDINATING YOUR CHILD'S CARE

24. 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?

- ₁ Yes
- ₂ No → *If No, go to Question 26 on Page 3*

25. In the last 6 months, how often did this doctor (named in Question 1) seem informed and up-to-date about the care your child got from specialists?

- ₁ Never
- ₂ Sometimes
- ₃ Usually
- ₄ Always

DISCUSSING YOUR CHILD'S DEVELOPMENT

26. In the last 6 months, did you and anyone in this doctor's office talk about your child's learning ability?
- ₁ Yes
₂ No
27. In the last 6 months, did you and anyone in this doctor's office talk about the kinds of behaviors that are normal for your child at this age?
- ₁ Yes
₂ No
28. In the last 6 months, did you and anyone in this doctor's office talk about how your child's body is growing?
- ₁ Yes
₂ No
29. In the last 6 months, did you and anyone in this doctor's office talk about your child's moods and emotions?
- ₁ Yes
₂ No
30. In the last 6 months, did you and anyone in this doctor's office talk about things you can do to keep your child from getting injured?
- ₁ Yes
₂ No
31. In the last 6 months, did anyone in this doctor's office give you information about how to keep your child from getting injured?
- ₁ Yes
₂ No
32. In the last 6 months, did you and anyone in this doctor's office talk about how much time your child spends on a computer and in front of a TV?
- ₁ Yes
₂ No
33. In the last 6 months, did you and anyone in this doctor's office talk about how much or what kind of food your child eats?
- ₁ Yes
₂ No
34. In the last 6 months, did you and anyone in this doctor's office talk about how much or what kind of exercise your child gets?
- ₁ Yes
₂ No

35. In the last 6 months, did you and anyone in this doctor's office talk about how your child gets along with others?
- ₁ Yes
₂ No
36. In the last 6 months, did you and anyone in this doctor's office talk about whether there are any problems in your household that might affect your child?
- ₁ Yes
₂ No

CLERKS AND RECEPTIONISTS AT THIS DOCTOR'S OFFICE

37. In the last 6 months, how often were clerks and receptionists at this doctor's office as helpful as you thought they should be?
- ₁ Never
₂ Sometimes
₃ Usually
₄ Always
38. In the last 6 months, how often did clerks and receptionists at this doctor's office treat you with courtesy and respect?
- ₁ Never
₂ Sometimes
₃ Usually
₄ Always

OVERALL RATING OF CARE

39. 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 6 months?
- 0 Worst care possible
 1
 2
 3
 4
 5
 6
 7
 8
 9
 10 Best care possible

ABOUT YOUR CHILD

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

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

41. 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

42. What is your child's age?

- ₁ Less than 1 year old

_____ YEARS OLD (write in)

43. Is your child male or female?

- ₁ Male
- ₂ Female

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

- ₁ Yes, Hispanic or Latino
- ₂ No, not Hispanic or Latino

45. What is your child's race? Mark one or more.

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

ABOUT YOU

46. What language do you mainly speak at home?

- ₁ English
- ₂ Spanish
- ₃ Some other language (please print)

47. 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

48. Are you male or female?

- ₁ Male
- ₂ Female

49. 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

50. 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 print)

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