

CHILD
PRIMARY CARE ASSESSMENT TOOL – EXPANDED VERSION
(Consumer-client survey)**

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***Note: Items 1-5 are for interviewer-administered; item 6 and remainder of questionnaire are for both interviewer-administered and self-administered.*

ADMINISTRATIVE INFORMATION

Case number: _____

Interviewer's name: _____

Time interview began: |__|_|:|__|_|

Time interview finished: |__|_|:|__|_|

Date survey conducted: |__|_| |__|_| |__|_|
M M D D Y Y

INTRODUCTION/SCREENING QUESTIONS

PURPOSE OF THE SURVEY

Interviewer: Hello, my name is _____. I'm calling from _____.
We're doing a survey in your neighborhood to find out what you think about the health care your children get.

1. Do you have children or young persons, 18 years old or less, who live at this number? _____

Yes (Proceed.)

No (Terminate interview by saying: Thank you for your time; I apologize for any inconvenience. Goodbye.)

2. To save time, we will talk about only one child. Could you please tell me just the FIRST NAME and AGE of the child or young person who will be the next to have a birthday? _____

First name _____ Age _____

3. Are you the *best* person to answer questions about getting health care for (name of child)? _____

Yes (**Go to question 4.**)

No (Ask: Who would be the best person to talk to?)

Record name: _____

Is (name of person) available to talk with me now?

IF THAT PERSON IS AVAILABLE, REPEAT THE INTRODUCTION.

INTERVIEWER: Hello, my name is _____. I'm calling from _____.
We're doing a survey in your neighborhood to find out what you think about the health care your children get.
Would you tell me your first name only, please?

Record name: _____

IF THAT PERSON IS *NOT* AVAILABLE, ASK:

When would be a good time for me to call back?

Record response _____ and say:

Thank you for your time; I will call back at that time.

4. Is this a convenient time for you to talk with me? _____

1 Yes (**Go to consent.**)

2 No (Ask question below.)

When would be a good time for me to call back?

Record response _____ and say:

Thank you for your time; I will call back at that time to speak to you.

SUGGESTED CONTENT FOR CONSENT (if respondent indicates that s/he is interested in the survey):

Interviewer: Let me tell you a little more about the survey. The purpose of this survey is to talk directly with parents and guardians about their experiences, good or bad, in getting health care for their children and teens. The interviews with families will help us know what services need to be improved.

Parents, grandparents, and guardians of children who are under 18 years of age are being invited to be interviewed. You will be interviewed by myself or another trained interviewer over the phone. The interview will take a total of 30 minutes.

There are no direct advantages to you for answering the questions, but the results of this study are very important in helping to improve the health care for children and teens in (location, town, state).

Although there are no risks in this type of study, the interview does require some of your time. Also, some people may think the interview is an invasion of privacy. But, within the law, the answers you give are kept confidential or "private."

The study information will be used only as part of a health care study. Your name and address are *not* part of the interview information, so your answers will *not* be able to be identified. Because the answers people give are private and confidential, only the study team will see the surveys.

Your participation in this survey is completely voluntary. You have the right to skip certain questions or stop the interview at any time. Whatever you decide, it will not change the health care you usually get or your employment.

5. Would you be willing to answer survey questions about getting health care for (name of child)? _____

1 Yes (**Go to question 6.**)

2 No (Terminate interview by saying: Thank you for your time. I apologize for any inconvenience. Goodbye.)

6. How are you related to this child? _____

1 Parent (mother)

2 Parent (father)

3 Stepmother

4 Stepfather

5 Foster parent

6 Grandparent

7 Sibling

8 Other relative

9 Legal guardian

10 Friend

11 Other (Specify.) _____

A. EXTENT OF AFFILIATION WITH A PLACE/DOCTOR

A1. Is there a doctor or place that you usually take your child if s/he is sick or you need advice about his/her health? _____

a No

b Yes (Please give name and address.)

Name of doctor or place: _____

Address: _____

A2. Is there a doctor or place that knows your child best as a person? _____

a No

b Yes, same place as above

c Yes, different place (Please give name and address.)

Name of doctor or place: _____

Address: _____

A3. Is there a doctor or place that is most responsible for your child's health care? _____

a No

b Yes, same as #A1 & #A2 above

c Yes, same as #A1 only

d Yes, same as #A2 only

e Yes, different from #A1 & #A2 (Please give name and address.)

Name of doctor or place: _____

Address: _____

If all three places are the same, please answer all the rest of the questions about this doctor or place. (Go to next page.) →

If any two of the places are the same, please answer all the rest of the questions about that doctor or place. (Go to next page.) →

If all three places are different, answer all the rest of the questions about the doctor or place in question A1. (Go to next page.) →

If you answered NO to two questions, answer all the rest of the questions about the doctor or place in the question you answered YES. (Go to next page.) →

If you answered NO to all three questions, please write in the name of the *last* doctor or place you took your child to:

Name of doctor or place: _____

Address: _____

We will call this doctor or place your PCP in all the rest of the questions.

A4. Is this PCP:

- A place A particular doctor A particular nurse Not any of these

A5. What kind of office is your PCP?

- A hospital emergency room
 A clinic at a hospital
 A particular doctor's office outside a hospital
 A particular doctor's office inside a hospital
 A group office
 A neighborhood health clinic
 A school clinic
 Another type of place (Please specify.) _____
 Not sure/don't remember

A6. Does your PCP take care of:

- Children only Both children and adults Not sure/don't remember

A7. Does your PCP mainly take care of children with

- Only certain kinds of problems Most kinds of problems Not sure/don't remember

A8. About *how many times total* has your child been there? _____ times

A9. How long has your child been going there?

- Less than 6 months
 Between 6 months and one year
 1 – 2 years
 3 – 4 years
 5 or more years
 Too variable to specify
 Not sure/don't remember

A10. Did you choose this PCP or were you assigned there?

- You or someone in your family chose it.
 You were assigned to it.
 Other
 Not sure/don't remember

A11. Does your child go there mainly because of a special medical problem?

- Yes No Not sure

B. FIRST CONTACT – UTILIZATION

Please check the **one** best answer.

	Definitely	Probably	Probably not	Definitely not	Not sure/don= t remember
B1. When your child needs a regular general checkup, do you go to your PCP before going somewhere else?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
B2. When your child has a new health problem, do you go to your PCP before going somewhere else?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
B3. When your child has to see a specialist, does your PCP have to approve or give you a referral?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
B4. When your child needs an immunization, do you go to your PCP before going somewhere else?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>

C. FIRST CONTACT – ACCESS

Please check the **one** best answer.

	Definitely	Probably	Probably not	Definitely not	Not sure/don= t remember	
C1. Is your PCP open on Saturday or Sunday?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>	_____
C2. Is your PCP open on at least some weekday evenings until 8 PM?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>	_____
C3. When your PCP is <i>open</i> and your child gets sick, would someone from there see him/her the same day?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>	_____
C4. When your PCP is <i>open</i> , can you get advice quickly over the phone if you need it?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>	_____
C5. When your PCP is <i>closed</i> , is there a phone number you can call when your child gets sick?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>	_____
C6. When your PCP is <i>closed</i> on <i>Saturday and Sunday</i> and your child gets sick, would someone from there see him/her the same day?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>	_____
C7. When your PCP is <i>closed</i> and your child gets sick <i>during the night</i> , would someone from there see him/her that night?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>	_____
C8. Is it easy to get an appointment for routine well-child checkups there?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>	_____
C9. Once you get to your PCP's, do you have to wait more than 30 minutes before your child is checked by the doctor or nurse?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>	_____
C10. Do you have to wait a long time or talk to too many people to make an appointment at your PCP's?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>	_____
C11. Is it difficult for you to get medical care for your child from your PCP when you think it is needed?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>	_____
C12. When your child has to go to your PCP, does someone have to take off from work or school to take him/her there?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>	_____

D. ONGOING CARE

Please check the **one** best answer.

	Definitely	Probably	Probably not	Definitely not	Not sure/don't remember
D1. When you take your child to your PCP's, is s/he taken care of by the <i>same</i> doctor or nurse each time?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
D2. Do you think your PCP <i>understands what you say or ask</i> ?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
D3. Are your questions to your PCP <i>answered in ways that you understand</i> ?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
D4. If you have a question, can you call and talk to <i>the doctor or nurse who knows your child best</i> ?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
D5. Does your PCP give you enough time to talk about your worries or problems?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
D6. Do you feel comfortable telling your PCP about your worries or problems?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
D7. Does your PCP know your child very well as a <i>person</i> , rather than as someone with a medical problem?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
D8. Does your PCP know who lives with your child?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
D9. Does your PCP know what problems are most important to you and your family?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
D10. Does your PCP know your child's complete medical history?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
D11. Does your PCP know about the work or employment of the adults in the child's family?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
D12. Would your PCP know if your family had trouble getting or paying for medicines your child needed?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
D13. Does your PCP know about all the medications your child is taking?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
D14. Could you change from your PCP if you wanted to?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
D15. Would you change from your PCP to somewhere else if it was easy to do?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>

E. COORDINATION

Please check the **one** best answer.

		Definitely	Probably	Probably not	Definitely not	Not sure/don't remember
E1.	Do you get the results of your child's lab tests?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
E2.	Has your child ever had a visit to any kind of specialist or special service?					
	1 <input type="checkbox"/> Yes					
	2 <input type="checkbox"/> No (Skip to question F1.)					
	9 <input type="checkbox"/> Not sure/don't remember (Skip to question F1.)					
E3.	When was the <i>last</i> time your child had a visit to a specialist or special service?				Month _____	Year _____
E4.	Was this visit for a condition that doesn't go away or lasts longer than a year?				1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No
E5.	Had your child ever visited that specialist or special service before this last visit?				1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No
		Definitely	Probably	Probably not	Definitely not	Not sure/don't remember
E6.	Did your child's PCP suggest that you take him/her to the specialist or special service?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
E7.	Did your child's PCP know you made these visits to the specialist or special service?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
E8.	Did your child's PCP discuss with you different places you could have gone to get help with that problem?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
E9.	Did your PCP or someone working with your PCP help you make the appointment for that visit?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
E10.	Did your PCP write down any information for the specialist about the reason for the visit?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
E11.	Does your PCP know what the results of the visit were?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
E12.	After your child went to the specialist or special service, did your PCP talk with you and your child about what happened at the visit?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
E13.	Does your child's PCP seem interested in the quality of care your child gets from that specialist or special service?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>

F. COORDINATION (INFORMATION SYSTEMS)

Please check the **one** best answer.

	Definitely	Probably	Probably not	Definitely not	Not sure/don't remember
F1. When you take your child to your PCP, do you bring any of his/her medical records, such as shot records or reports of medical care s/he had in the past?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
F2. Could you look at your child's medical record if you wanted to?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
F3. When you take your child to your PCP, is his/her medical record always available?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>

G. COMPREHENSIVENESS (SERVICES AVAILABLE)

Please check the **one** best answer.

	Definitely	Probably	Probably not	Definitely not	Not sure/don't remember
Following is a list of services that your child or family might need at some time. For each one, please indicate whether it is available at your PCP's office.					
G1. Answers to questions about nutrition or diet	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
G2. Immunizations (shots)	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
G3. Checking to see if your family is eligible for any social service programs or benefits	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
G4. Dental checkup	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
G5. Treatment by a dentist	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
G6. Family planning or birth control methods	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
G7. Substance or drug abuse counseling or treatment	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
G8. Counseling for behavior or mental health problems	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
G9. Tests for lead poisoning	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
G10. Sewing up a cut that needs stitches	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
G11. Counseling and testing for HIV/AIDS	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
G12. Hearing screening	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
G13. Vision screening	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
G14. Allergy shots	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
G15. Splinting for a sprained ankle	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
G25. WIC services (supplemental milk and food program)	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>

H. COMPREHENSIVENESS (SERVICES PROVIDED)

The next questions deal with different types of health care services that children sometimes get. Please check the **one** best answer.

	Definitely	Probably	Probably not	Definitely not	Not sure/don't remember
In visits to your child's PCP, are any of the following subjects discussed with you and your child?					
H1. Ways to keep your children healthy, such as nutritional foods or getting enough sleep	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
H2. Home safety, like using smoke detectors and storing medicines safely	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
H14. Ways to handle problems with your child's behavior	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
H15. Changes in growth and behavior that you can expect at certain ages	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
H16. Safety issues for children under 6: teaching them to cross the street safely and using child safety seats in cars	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
H17. Safety issues for children between 6 and 12: teaching them to stay away from guns and to use seatbelts and bicycle helmets	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
H18. Safety issues for children over 12: teaching them about safe sex, saying no to drugs, and not drinking and driving	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>

I. FAMILY-CENTEREDNESS

These next questions are about the relationship of your health care providers with your family. Please check the **one** best answer.

	Definitely	Probably	Probably not	Definitely not	Not sure/don't remember
I1. Does your PCP ask you about <i>your</i> ideas and opinions when planning treatment and care for your child?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
I2. Has your PCP asked about illnesses or problems that might run in the child's family?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
I3. Would your PCP meet with members of your family if you thought it would be helpful?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>

J. COMMUNITY ORIENTATION

Please check the **one** best answer.

		Definitely	Probably	Probably not	Definitely not	Not sure/don= t remember
J1.	Does anyone at your PCP's office ever make home visits?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
J2.	Does your child's PCP know about the important health problems of your neighborhood?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
J3.	Does your PCP get opinions and ideas from people that will help to provide better health care?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>

Does your PCP do any of the following to help determine the effectiveness of his/her services/programs?

J11.	Surveys of patients to see if the services are meeting people's needs?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
J12.	Surveys in the community to find out about health problems that s/he should know about?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
J18.	Ask family members to be on the Board of Directors or advisory committee?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>

K. CULTURALLY COMPETENT

Please check the **one** best answer.

		Definitely	Probably	Probably not	Definitely not	Not sure/don= t remember
K1.	Would you recommend your child's PCP to a friend or relative who has a child?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
K2.	Would you recommend your child's PCP to someone who does not speak English well?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>
K3.	Would you recommend your child's PCP to someone who uses folk medicine, such as herbs or homemade medicines, or has special beliefs about health care?	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	9 <input type="checkbox"/>

L. INSURANCE QUESTIONS

These are some questions about how you pay for health care for your child. Please check the **one** best answer.

L1. How much of the past 12 months was your child covered by *any* type of health insurance, including Medicaid? _____

4 All year

3 Most months

2 Only a few months or weeks

1 Never

9 Not sure/don't remember

	Yes	No	Not sure/don't remember
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During the last 12 months, was any of your child's health care paid through:

L2. HMO (health maintenance organization) 1 2 9 _____

L3. Some other private health insurance company 1 2 9 _____

L4. Medicaid or Medical Assistance 1 2 9 _____

L5. Some governmental health department clinic 1 2 9 _____

L6. Personal income (cash, check, credit card) 1 2 9 _____

L7. Your State Children's Health Insurance Program (S-CHIP) 1 2 9 _____

L8. Any other way (Specify.) _____

L9. In the last year, did you have trouble paying for your child's health care? 1 Yes 2 No _____

L10. When you make a visit to your child's PCP, do you have to pay something at the visit? _____

4 Always 3 Usually 2 Sometimes 1 Rarely or never 9 Not sure/don't remember

L11. Do you get most or all of this money back from any health insurance program? _____

4 Always 3 Usually 2 Sometimes 1 Rarely or never 9 Not sure/don't remember

M. HEALTH ASSESSMENT

M1. Would you say your child's health is: _____

1 Excellent 2 Very good 3 Good 4 Fair 5 Poor

M2. Does this child have any physical, mental, or behavioral problem that has lasted or is likely to last longer than one year? _____

1 Yes 2 No 9 Not sure/don't remember

N. DEMOGRAPHIC/SOCIOECONOMIC CHARACTERISTICS

Following are several questions about your family.

- N1. Is your child: Male Female _____
- N2. What is your child's date of birth? Month _____ Day _____ Year _____
- N3. What is your residence zip code? _____
- N4. Is your child _____
- African-American
- White
- Hispanic or Latino
- Native African
- Native American/American Indian/Alaskan native
- Asian, Asian-American, or Pacific Islander
- Other (Specify.): _____
- N5. In what country was your child born? _____
- N6. What languages are usually spoken in your home? _____
- N7. Are you:
- Employed full-time
- Employed part-time
- Not employed
- Retired/in school
- Other (Specify.): _____
- N8. What is the highest grade in school that you finished? _____
- Did not finish high school
- Got a high school diploma or GED
- Had some college or vocational school
- Finished college or graduate school

N9. This is the last question. Which of the following most closely describes the yearly income level for your household? _____

Under \$5,000

\$5,000 – 9,999

\$10,000 – 14,999

\$15,000 – 24,999

\$25,000 – 34,999

\$35,000 – 49,999

\$50,000 – 64,999

\$65,000 – 79,999

\$80,000 or more

Not sure/don't remember/refuse to answer

Thank you for taking the time to answer these questions. The answers will be very valuable in trying to improve health services in your community.

If you have any suggestions or questions about the study, following is the name and number of someone in the research office:

She (or he) would be pleased to speak with you at any time. Also, if you would like a copy of the study when it is finished, please tell me.

The person in charge of the study is _____.

The number of the Office for Research Subjects is _____.