

CHILD
PRIMARY CARE ASSESSMENT TOOL – SHORT 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? _____

1 Yes (Proceed.)

2 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)? _____

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

2 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.

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

A9. How long has your child been going there? _____

1 Less than 6 months

2 Between 6 months and one year

3 1 – 2 years

4 3 – 4 years

5 5 or more years

6 Too variable to specify

9 Not sure/don't remember

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"/>

C. FIRST CONTACT – ACCESS

Please check the **one** best answer.

	Definitely	Probably	Probably not	Definitely not	Not sure/don't remember
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"/>
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"/>

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"/>
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"/>
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"/>
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"/>

E. COORDINATION

E2. Has your child ever had a visit to any kind of specialist or special service?

1 Yes

2 No (**Skip to question F1.**)

9 Not sure/don't remember (**Skip to question F1.**)

	Definitely	Probably	Probably not	Definitely not	Not sure/don't remember
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"/>
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"/>

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.					
G2. Immunizations (shots)	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"/>
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"/>
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"/>

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"/>

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
During the last 12 months, was any of your child's health care paid through:			
L2. HMO (health maintenance organization)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
L3. Some other private health insurance company	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
L4. Medicaid or Medical Assistance	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
L5. Some governmental health department clinic	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
L6. Personal income (cash, check, credit card)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
L7. Your State Children's Health Insurance Program (S-CHIP)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
L8. Any other way (Specify.) _____			

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? _____
- 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 _____.