

Compliance & Provider Continuity in CHC Survey

Record ID _____

Eligible

- Yes
 No
-

Before I start the survey, are you at least 18 years of age and give permission?

- Yes
 No
-

Adult through emancipation

- Yes
 No
-

We would like to know your views on the care your child receives here>

	Yes	No
1. Have you heard the term 'medical home' before?	<input type="radio"/>	<input type="radio"/>

If yes, choose one that fits best:

- It provides a team-based health care delivery model
 It is a Medical setting intended to provide comprehensive, continuous and coordinated medical care to patients and families.
 it is a place to get medical care and immunization for my children.
-

2. I know who my child's doctor/provider is

- Strongly agree
 Agree
 Strongly disagree
 Disagree
-

3. How important is it for you to see the same doctor/provider at every visit?

- Very important
 Important
 Not very important
 Not important
-

4. How often do you see the same doctor/provider?

- Never/almost never
 Not often
 Often
 Always/almost always
-

Please respond why you always see the same provider

	Strongly agree	Agree	Strongly disagree	Disagree
a. My child's health care doctor/provider asks about issues that affect the well-being of my entire family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. My child's doctor/provider asks about my family's beliefs and practises when we are developing diagnostic and treatment plans.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. My child's doctor/provider know my child's medical and social history	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. All the information appears to be shared by all the pod providers through the electronic medical record	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. The next few questions are regarding scheduling your child's appointments

	Evening	Day	Any available appointment
a. Do you prefer evening or day appointments for your child?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How strongly do you agree with this statement

	Strongly agree	Agree	Strongly disagree	Disagree	Neutral
b. It is more important to get a convenient time of day than to see a familiar doctor/provider	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

c. How often are you able to get your preferred appointment time?

- Always/Almost always
 Sometimes
 Few times
 None/Almost none

d. What is the hardest part of scheduling your child to be seen in the Child Health Clinic?

- Can't get an appointment soon enough
 Can't get an appointment at convenient time of day
 Getting an appointment on the phone.
 Waiting in line at checkout desk
 Transportation
 Not applicable

6. My doctor/provider was clear about the plan for future well checkups.

- Strongly agree
 Agree
 Strongly disagree
 Disagree

7. How important were the following statements in your decision to bring your child to Child Health Clinic for medical care?

	Strongly agree	Agree	Strongly disagree	Disagree	Not Applicable
a. I understand that coming to regular check ups is so important that my child gets imuunizations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Health problems addressed eg. Asthma, unhealthy weighth etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Follow up on growth and development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Help with mental health questions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Help with healthcare financial questions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. Please mark how Child Health Clinic is doing in the following areas

	Execlent	Good	Fair	Poor
a. Offers lots of different services to meet my child's needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Is available when my child needs to be seen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Has someone 'on call' when the Child Health Clinic is closed in case of an emergency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Has medical providers that know my child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Makes sure my child is able to see other medical providers if needed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Respects my family's culture value	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Focuses on prevention of illness, accidents, and other problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

h. Provides a kind, caring place
for my child to be seen for
health care

9. How many children, age 18 or younger, currently live in your household?

10. How many adults, age 19 or older, currently live in your household?

11. In what year were you born?

12. What is the highest grade or year of school you completed? (Please select the one best answer)

- Never attended school
- Attended elementary school(Grades 1 through 8)
- Attended some high school(Grades 9 through 15)
- High school graduate or GED
- Some college
- Advanced degree
- College

13. What is your relationship to child?

- Mother
- Father
- Grandparent
- Other

If other please specify

14. How do you describe yourself? (Please select all that apply)

- White
- Black or African American
- Asian
- American Indian or Alaskan Native
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander
- Other (Please specify)

How do you describe yourself, if other? (Please specify)

15. What is your current employment status? (Please select one)

- Employed for wages
- Self-employed
- Out of work and looking for work
- Out of work but not looking for work
- Military
- Student
- Retired
- Stay at home Parent
- Unable to work

16. What is your country of birth?

17. How long have you lived in the US?

18. Are child's parents living together

- Single, never married
- Married or domestic partnership
- Widowed
- Divorced
- Separated

19. Do you have any suggestions or anything you would like to add?
Thank you for completing the survey!