



Your privacy is protected. All information that would let someone identify you or your family will be kept private. The research staff will not share your personal information with anyone without your OK. You may choose to answer this survey or not. If you choose not to, this will not affect the benefits you get.

You may notice a number on the cover of this survey. This number is **ONLY** used to let us know if you returned the survey so we don't have to send you reminders.

If you want to know more about this study, please call 1-888-248-5294.

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 [HEALTH PLAN NAME]. 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

- 7a. In the last 6 months, when your child visited a doctor's office or clinic, did someone in the doctor's office or clinic give you information about what to do if your child needed care during evenings, weekends, or holidays?
- ☐ Yes
☐ No
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. When you talked about your child starting or stopping a prescription medicine, how much did a doctor or other health provider talk about the reasons you might want your child to take a medicine?
- ☐ Not at all
☐ A little
☐ Some
☐ A lot
11. When you talked about your child starting or stopping a prescription medicine, how much did a doctor or other health provider talk about the reasons you might not want your child to take a medicine?
- ☐ Not at all
☐ A little
☐ Some
☐ A lot
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?

○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○
0 1 2 3 4 5 6 7 8 9 10
Worst Health Best Health
Care Possible Care 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 26a**

- 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 Personal Doctor Possible | | | | | | Best Personal Doctor Possible | | | | |

26a. In the last 6 months, did you and your child's doctor or other health care provider talk about how much or what kind of food your child eats?

- ☐ Yes
- ☐ No

26b. In the last 6 months, did your child's doctor or other health provider ask you if there are things that make it hard for you to take care of your child's health?

- ☐ Yes
- ☐ No

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

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

- ☐ None → *Go to Question 31*
- ☐ 1 specialist
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5 or more specialists

30. 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?

- | | | | | | | | | | | |
|---------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <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 Specialist Possible | | | | | | Best Specialist Possible | | | | |

YOUR CHILD'S HEALTH PLAN

The next questions ask about your experience with your child's health plan.

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

- ☐ Yes
- ☐ No → *Go to Question 34*

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

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

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

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

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

- ☐ Yes
- ☐ No ➔ Go to Question 36

35. In the last 6 months, how often were the forms from your child's health plan easy to fill out?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

36. 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?

- | | | | | | | | | | | |
|----------------------------|-----------------------|-----------------------|-----------------------|-----------------------|---------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <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 Health Plan Possible | | | | | Best Health Plan Possible | | | | | |

ABOUT YOUR CHILD AND YOU

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

- ☐ Excellent
- ☐ Very Good
- ☐ Good
- ☐ Fair
- ☐ Poor

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

- ☐ Excellent
- ☐ Very Good
- ☐ Good
- ☐ Fair
- ☐ Poor

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

THANK YOU

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**



