

**CAHPS<sup>®</sup> HEALTH PLAN SURVEY 4.0H, CHILD  
QUESTIONNAIRE  
(MEDICAID<sup>1</sup>, WITHOUT CCC MEASURE)  
SURVEY INSTRUCTIONS**

<sup>1</sup> **Note:** *If administering to a commercial product line, replace “6” with “12” in all references of “last 6 months.”*

- ◆ Answer all the questions by checking the box to the left of your answer.
- ◆ You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

- Yes → **If Yes, Go to Question 1**
- No

**{This box should be placed on the Cover Page}**

*All information that would let someone identify you or your family will be kept private. {SURVEY VENDOR NAME} 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.*

*Your responses to this survey are completely **confidential**. Once you complete the survey, place it in the envelope that was provided, seal the envelope, and mail it.*

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

*If you want to know more about this study, please call {SURVEY VENDOR TOLL-FREE TELEPHONE NUMBER}.*

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 in {Health Plan Name}. Is that right?  
<sup>1</sup>  Yes → If Yes, Go to Question 3  
<sup>2</sup>  No
  
2. What is the name of your child's health plan? (please print)  
\_\_\_\_\_

### YOUR CHILD'S HEALTH CARE IN THE LAST 6 MONTHS

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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?  
<sup>1</sup>  Yes  
<sup>2</sup>  No → If No, Go to Question 5
  
4. In the last 6 months, when your child needed care right away for an illness, injury, or condition, how often did your child get care as soon as you thought he or she needed?  
<sup>1</sup>  Never  
<sup>2</sup>  Sometimes  
<sup>3</sup>  Usually  
<sup>4</sup>  Always
  
5. In the last 6 months, not counting the times your child needed care right away, did you make any appointments for your child's health care at a doctor's office or clinic?  
<sup>1</sup>  Yes  
<sup>2</sup>  No → If No, Go to Question 7

6. In the last 6 months, not counting times your child needed care right away, how often did you get an appointment for health care at a doctor's office or clinic as soon as you thought your child needed?
- <sup>1</sup>  Never  
<sup>2</sup>  Sometimes  
<sup>3</sup>  Usually  
<sup>4</sup>  Always
7. In the last 6 months, not counting 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?
- <sup>0</sup>  None → If None, Go to Question 13
- <sup>1</sup>  1  
<sup>2</sup>  2  
<sup>3</sup>  3  
<sup>4</sup>  4  
<sup>5</sup>  5 to 9  
<sup>6</sup>  10 or more
8. In the last 6 months, how often did you and your child's doctor or other health provider talk about specific things you could do to prevent illness in your child?
- <sup>1</sup>  Never  
<sup>2</sup>  Sometimes  
<sup>3</sup>  Usually  
<sup>4</sup>  Always
9. Choices for your child's treatment or health care can include choices about medicine, surgery, or other treatment. In the last 6 months, did your child's doctor or other health provider tell you there was more than one choice for your child's treatment or health care?
- <sup>1</sup>  Yes  
<sup>2</sup>  No → If No, Go to Question 12
10. In the last 6 months, did your child's doctor or other health provider talk with you about the pros and cons of each choice for your child's treatment or health care?
- <sup>1</sup>  Definitely yes  
<sup>2</sup>  Somewhat yes  
<sup>3</sup>  Somewhat no  
<sup>4</sup>  Definitely no
11. In the last 6 months, when there was more than one choice for your child's treatment or health care, did your child's doctor or other health provider ask you which choice was best for your child?
- <sup>1</sup>  Definitely yes  
<sup>2</sup>  Somewhat yes  
<sup>3</sup>  Somewhat no  
<sup>4</sup>  Definitely no

12. 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?

- <sup>00</sup>  0 Worst health care possible  
<sup>01</sup>  1  
<sup>02</sup>  2  
<sup>03</sup>  3  
<sup>04</sup>  4  
<sup>05</sup>  5  
<sup>06</sup>  6  
<sup>07</sup>  7  
<sup>08</sup>  8  
<sup>09</sup>  9  
<sup>10</sup>  10 Best health care possible

### YOUR CHILD'S PERSONAL DOCTOR

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13. A personal doctor is the one your child would see if he or she needs a checkup or gets sick or hurt. Does your child have a personal doctor?  
<sup>1</sup>  Yes  
<sup>2</sup>  No → If No, Go to Question 25
14. In the last 6 months, how many times did your child visit his or her personal doctor for care?  
<sup>0</sup>  None → If None, Go to Question 24  
<sup>1</sup>  1  
<sup>2</sup>  2  
<sup>3</sup>  3  
<sup>4</sup>  4  
<sup>5</sup>  5 to 9  
<sup>6</sup>  10 or more
15. In the last 6 months, how often did your child's personal doctor explain things in a way that was easy to understand?  
<sup>1</sup>  Never  
<sup>2</sup>  Sometimes  
<sup>3</sup>  Usually  
<sup>4</sup>  Always
16. In the last 6 months, how often did your child's personal doctor listen carefully to you?  
<sup>1</sup>  Never  
<sup>2</sup>  Sometimes  
<sup>3</sup>  Usually  
<sup>4</sup>  Always

17. In the last 6 months, how often did your child's personal doctor show respect for what you had to say?

- <sup>1</sup> Never
- <sup>2</sup> Sometimes
- <sup>3</sup> Usually
- <sup>4</sup> Always

18. Is your child able to talk with doctors about his or her health care?

- <sup>1</sup> Yes
- <sup>2</sup> No → If No, Go to Question 20

19. 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?

- <sup>1</sup> Never
- <sup>2</sup> Sometimes
- <sup>3</sup> Usually
- <sup>4</sup> Always

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

- <sup>1</sup> Never
- <sup>2</sup> Sometimes
- <sup>3</sup> Usually
- <sup>4</sup> Always

21. In the last 6 months, did your child's personal doctor talk with you about how your child is feeling, growing, or behaving?

- <sup>1</sup> Yes
- <sup>2</sup> No

22. In the last 6 months, did your child get care from a doctor or other health provider besides his or her personal doctor?

- <sup>1</sup> Yes
- <sup>2</sup> No → If No, Go to Question 24

23. 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?

- <sup>1</sup> Never
- <sup>2</sup> Sometimes
- <sup>3</sup> Usually
- <sup>4</sup> Always

24. 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?

- <sup>00</sup> 0 Worst personal doctor possible
- <sup>01</sup> 1
- <sup>02</sup> 2
- <sup>03</sup> 3
- <sup>04</sup> 4
- <sup>05</sup> 5
- <sup>06</sup> 6
- <sup>07</sup> 7
- <sup>08</sup> 8
- <sup>09</sup> 9
- <sup>10</sup> 10 Best personal doctor possible

## 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.

25. 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 try to make any appointments for your child to see a specialist?

<sup>1</sup>  Yes

<sup>2</sup>  No → If No, Go to Question 29

26. In the last 6 months, how often was it easy to get appointments for your child with specialists?

<sup>1</sup>  Never

<sup>2</sup>  Sometimes

<sup>3</sup>  Usually

<sup>4</sup>  Always

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

<sup>0</sup>  None → If None, Go to Question 29

<sup>1</sup>  1 specialist

<sup>2</sup>  2

<sup>3</sup>  3

<sup>4</sup>  4

<sup>5</sup>  5 or more specialists

28. 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 your child's specialist?

<sup>00</sup>  0 Worst specialist possible

<sup>01</sup>  1

<sup>02</sup>  2

<sup>03</sup>  3

<sup>04</sup>  4

<sup>05</sup>  5

<sup>06</sup>  6

<sup>07</sup>  7

<sup>08</sup>  8

<sup>09</sup>  9

<sup>10</sup>  10 Best specialist possible

## YOUR CHILD'S HEALTH PLAN

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

29. In the last 6 months, did you try to get any kind of care, tests, or treatment for your child through his or her health plan?

<sup>1</sup>  Yes  
<sup>2</sup>  No → If No, Go to Question 31

30. In the last 6 months, how often was it easy to get the care, tests, or treatment you thought your child needed through his or her health plan?

<sup>1</sup>  Never  
<sup>2</sup>  Sometimes  
<sup>3</sup>  Usually  
<sup>4</sup>  Always

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

<sup>1</sup>  Yes  
<sup>2</sup>  No → If 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?

<sup>1</sup>  Never  
<sup>2</sup>  Sometimes  
<sup>3</sup>  Usually  
<sup>4</sup>  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?

<sup>1</sup>  Never  
<sup>2</sup>  Sometimes  
<sup>3</sup>  Usually  
<sup>4</sup>  Always

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

<sup>1</sup>  Yes  
<sup>2</sup>  No → If 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?

<sup>1</sup>  Never  
<sup>2</sup>  Sometimes  
<sup>3</sup>  Usually  
<sup>4</sup>  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?

<sup>00</sup>  0 Worst health plan possible  
<sup>01</sup>  1  
<sup>02</sup>  2  
<sup>03</sup>  3  
<sup>04</sup>  4  
<sup>05</sup>  5  
<sup>06</sup>  6  
<sup>07</sup>  7  
<sup>08</sup>  8  
<sup>09</sup>  9  
<sup>10</sup>  10 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. What is your child's age?**

- Less than 1 year old  
\_\_\_\_\_ YEARS OLD (*write in*)

**39. Is your child male or female?**

- Male
- Female

**40. Is your child of Hispanic or Latino origin or descent?**

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

**41. What is your child's race? Please mark one or more.**

- White
- Black or African-American
- Asian
- Native Hawaiian or other Pacific Islander
- American Indian or Alaska Native
- Other

**42. 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

**43. Are you male or female?**

- Male
- Female

**44. 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

**45. How are you related to the child?**

- Mother or father
- Grandparent
- Aunt or uncle
- Older sibling
- Other relative
- Legal guardian

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**46. Did someone help you complete this survey?**

<sup>1</sup>  Yes → **If Yes, Go to Question 47**

<sup>2</sup>  No → **Thank you. Please return the completed survey in the postage-paid envelope.**

**47. How did that person help you? Check all that apply.**

<sup>a</sup>  Read the questions to me

<sup>b</sup>  Wrote down the answers I gave

<sup>c</sup>  Answered the questions for me

<sup>d</sup>  Translated the questions into my language

<sup>e</sup>  Helped in some other way

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**THANK YOU**

**Please return the completed survey in the postage-paid envelope.**

**CAHPS<sup>®</sup> HEALTH PLAN SURVEY 4.0H, CHILD  
QUESTIONNAIRE  
(MEDICAID<sup>1</sup>, WITH CCC MEASURE)  
SURVEY INSTRUCTIONS**

<sup>1</sup> **Note: If administering to a commercial product line, replace “6” with “12” in all references of “last 6 months.” Do not replace “6” with “12” in references of “for at least 12 months” (questions 62, 65, 68, 71 and 73).**

- ◆ Answer all the questions by checking the box to the left of your answer.
- ◆ You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

Yes → **If Yes, Go to Question 1**

No

**{This box should be placed on the Cover Page}**

*All information that would let someone identify you or your family will be kept private. {SURVEY VENDOR NAME} 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.*

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*If you want to know more about this study, please call {SURVEY VENDOR TOLL-FREE TELEPHONE NUMBER}.*

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 in {Health Plan Name}. Is that right?

<sup>1</sup>  Yes → If Yes, Go to Question 3

<sup>2</sup>  No

2. What is the name of your child's health plan? (please print)
- 

## YOUR CHILD'S HEALTH CARE IN THE LAST 6 MONTHS

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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?

<sup>1</sup>  Yes

<sup>2</sup>  No → If No, Go to Question 5

4. In the last 6 months, when your child needed care right away for an illness, injury, or condition, how often did your child get care as soon as you thought he or she needed?

<sup>1</sup>  Never

<sup>2</sup>  Sometimes

<sup>3</sup>  Usually

<sup>4</sup>  Always

5. In the last 6 months, not counting the times your child needed care right away, did you make any appointments for your child's health care at a doctor's office or clinic?

<sup>1</sup>  Yes

<sup>2</sup>  No → If No, Go to Question 7

6. In the last 6 months, not counting times your child needed care right away, how often did you get an appointment for health care at a doctor's office or clinic as soon as you thought your child needed?
- <sup>1</sup> Never  
<sup>2</sup> Sometimes  
<sup>3</sup> Usually  
<sup>4</sup> Always
7. In the last 6 months, not counting 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?
- <sup>0</sup> None → If None, Go to Question 14
- <sup>1</sup> 1  
<sup>2</sup> 2  
<sup>3</sup> 3  
<sup>4</sup> 4  
<sup>5</sup> 5 to 9  
<sup>6</sup> 10 or more
8. In the last 6 months, how often did you and your child's doctor or other health provider talk about specific things you could do to prevent illness in your child?
- <sup>1</sup> Never  
<sup>2</sup> Sometimes  
<sup>3</sup> Usually  
<sup>4</sup> Always
9. In the last 6 months, how often did you have your questions answered by your child's doctors or other health providers?
- <sup>1</sup> Never  
<sup>2</sup> Sometimes  
<sup>3</sup> Usually  
<sup>4</sup> Always
10. Choices for your child's treatment or health care can include choices about medicine, surgery, or other treatment. In the last 6 months, did your child's doctor or other health provider tell you there was more than one choice for your child's treatment or health care?
- <sup>1</sup> Yes  
<sup>2</sup> No → If No, Go to Question 13
11. In the last 6 months, did your child's doctor or other health provider talk with you about the pros and cons of each choice for your child's treatment or health care?
- <sup>1</sup> Definitely yes  
<sup>2</sup> Somewhat yes  
<sup>3</sup> Somewhat no  
<sup>4</sup> Definitely no

12. In the last 6 months, when there was more than one choice for your child's treatment or health care, did your child's doctor or other health provider ask you which choice was best for your child?

- Definitely yes
- Somewhat yes
- Somewhat no
- Definitely 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 Worst health care possible
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Best health care possible

14. Is your child now enrolled in any kind of school or daycare?

- Yes
- No → If No, Go to Question 17

15. In the last 6 months, did you need your child's doctors or other health providers to contact a school or daycare center about your child's health or health care?

- Yes
- No → If No, Go to Question 17

16. In the last 6 months, did you get the help you needed from your child's doctors or other health providers in contacting your child's school or daycare?

- Yes
- No

## **SPECIALIZED SERVICES**

- 17. Special medical equipment or devices include a walker, wheelchair, nebulizer, feeding tubes, or oxygen equipment. In the last 6 months, did you get or try to get any special medical equipment or devices for your child?**
- <sup>1</sup> Yes  
 <sup>2</sup> No → If No, Go to Question 20
- 18. In the last 6 months, how often was it easy to get special medical equipment or devices for your child?**
- <sup>1</sup> Never  
 <sup>2</sup> Sometimes  
 <sup>3</sup> Usually  
 <sup>4</sup> Always
- 19. Did anyone from your child's health plan, doctor's office, or clinic help you get special medical equipment or devices for your child?**
- <sup>1</sup> Yes  
 <sup>2</sup> No
- 20. In the last 6 months, did you get or try to get special therapy such as physical, occupational, or speech therapy for your child?**
- <sup>1</sup> Yes  
 <sup>2</sup> No → If No, Go to Question 23
- 21. In the last 6 months, how often was it easy to get this therapy for your child?**
- <sup>1</sup> Never  
 <sup>2</sup> Sometimes  
 <sup>3</sup> Usually  
 <sup>4</sup> Always
- 22. Did anyone from your child's health plan, doctor's office, or clinic help you get this therapy for your child?**
- <sup>1</sup> Yes  
 <sup>2</sup> No
- 23. In the last 6 months, did you get or try to get treatment or counseling for your child for an emotional, developmental, or behavioral problem?**
- <sup>1</sup> Yes  
 <sup>2</sup> No → If No, Go to Question 26
- 24. In the last 6 months, how often was it easy to get this treatment or counseling for your child?**
- <sup>1</sup> Never  
 <sup>2</sup> Sometimes  
 <sup>3</sup> Usually  
 <sup>4</sup> Always
- 25. Did anyone from your child's health plan, doctor's office, or clinic help you get this treatment or counseling for your child?**
- <sup>1</sup> Yes  
 <sup>2</sup> No

26. In the last 6 months, did your child get care from more than one kind of health care provider or use more than one kind of health care service?

<sup>1</sup>  Yes

<sup>2</sup>  No → If No, Go to Question 28

27. In the last 6 months, did anyone from your child's health plan, doctor's office, or clinic help coordinate your child's care among these different providers or services?

<sup>1</sup>  Yes

<sup>2</sup>  No

## YOUR CHILD'S PERSONAL DOCTOR

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28. A personal doctor is the one your child would see if he or she needs a checkup or gets sick or hurt. Does your child have a personal doctor?

<sup>1</sup>  Yes

<sup>2</sup>  No → If No, Go to Question 43

29. In the last 6 months, how many times did your child visit his or her personal doctor for care?

<sup>0</sup>  None → If None, Go to Question 39

<sup>1</sup>  1

<sup>2</sup>  2

<sup>3</sup>  3

<sup>4</sup>  4

<sup>5</sup>  5 to 9

<sup>6</sup>  10 or more

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

<sup>1</sup>  Never

<sup>2</sup>  Sometimes

<sup>3</sup>  Usually

<sup>4</sup>  Always

31. In the last 6 months, how often did your child's personal doctor listen carefully to you?

<sup>1</sup>  Never

<sup>2</sup>  Sometimes

<sup>3</sup>  Usually

<sup>4</sup>  Always

32. In the last 6 months, how often did your child's personal doctor show respect for what you had to say?

- <sup>1</sup> Never
- <sup>2</sup> Sometimes
- <sup>3</sup> Usually
- <sup>4</sup> Always

33. Is your child able to talk with doctors about his or her health care?

- <sup>1</sup> Yes
- <sup>2</sup> No → If No, Go to Question 35

34. 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?

- <sup>1</sup> Never
- <sup>2</sup> Sometimes
- <sup>3</sup> Usually
- <sup>4</sup> Always

35. In the last 6 months, how often did your child's personal doctor spend enough time with your child?

- <sup>1</sup> Never
- <sup>2</sup> Sometimes
- <sup>3</sup> Usually
- <sup>4</sup> Always

36. In the last 6 months, did your child's personal doctor talk with you about how your child is feeling, growing, or behaving?

- <sup>1</sup> Yes
- <sup>2</sup> No

37. In the last 6 months, did your child get care from a doctor or other health provider besides his or her personal doctor?

- <sup>1</sup> Yes
- <sup>2</sup> No → If No, Go to Question 39

38. 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?

- <sup>1</sup> Never
- <sup>2</sup> Sometimes
- <sup>3</sup> Usually
- <sup>4</sup> Always

39. 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?

- <sup>00</sup> 0 Worst personal doctor possible
- <sup>01</sup> 1
- <sup>02</sup> 2
- <sup>03</sup> 3
- <sup>04</sup> 4
- <sup>05</sup> 5
- <sup>06</sup> 6
- <sup>07</sup> 7
- <sup>08</sup> 8
- <sup>09</sup> 9
- <sup>10</sup> 10 Best personal doctor possible

40. Does your child have any medical, behavioral, or other health conditions that have lasted for more than 3 months?

<sup>1</sup>  Yes

<sup>2</sup>  No → If No, Go to Question 43

41. Does your child's personal doctor understand how these medical, behavioral, or other health conditions affect your child's day-to-day life?

<sup>1</sup>  Yes

<sup>2</sup>  No

42. Does your child's personal doctor understand how your child's medical, behavioral, or other health conditions affect your family's day-to-day life?

<sup>1</sup>  Yes

<sup>2</sup>  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.

43. 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 try to make any appointments for your child to see a specialist?

<sup>1</sup>  Yes

<sup>2</sup>  No → If No, Go to Question 47

44. In the last 6 months, how often was it easy to get appointments for your child with specialists?

<sup>1</sup>  Never

<sup>2</sup>  Sometimes

<sup>3</sup>  Usually

<sup>4</sup>  Always

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

<sup>0</sup>  None → If None, Go to Question 47

<sup>1</sup>  1 specialist

<sup>2</sup>  2

<sup>3</sup>  3

<sup>4</sup>  4

<sup>5</sup>  5 or more specialists

46. 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 your child's specialist?

- <sup>00</sup>  0 Worst specialist possible  
<sup>01</sup>  1  
<sup>02</sup>  2  
<sup>03</sup>  3  
<sup>04</sup>  4  
<sup>05</sup>  5  
<sup>06</sup>  6  
<sup>07</sup>  7  
<sup>08</sup>  8  
<sup>09</sup>  9  
<sup>10</sup>  10 Best specialist possible

## YOUR CHILD'S HEALTH PLAN

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

47. In the last 6 months, did you try to get any kind of care, tests, or treatment for your child through his or her health plan?

<sup>1</sup>  Yes

<sup>2</sup>  No → If No, Go to Question 49

48. In the last 6 months, how often was it easy to get the care, tests, or treatment you thought your child needed through his or her health plan?

<sup>1</sup>  Never

<sup>2</sup>  Sometimes

<sup>3</sup>  Usually

<sup>4</sup>  Always

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

<sup>1</sup>  Yes

<sup>2</sup>  No → If No, Go to Question 52

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

<sup>1</sup>  Never

<sup>2</sup>  Sometimes

<sup>3</sup>  Usually

<sup>4</sup>  Always

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

- <sup>1</sup>  Never  
<sup>2</sup>  Sometimes  
<sup>3</sup>  Usually  
<sup>4</sup>  Always

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

- <sup>1</sup>  Yes  
<sup>2</sup>  No → If No, Go to Question 54

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

- <sup>1</sup>  Never  
<sup>2</sup>  Sometimes  
<sup>3</sup>  Usually  
<sup>4</sup>  Always

54. 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?

- <sup>00</sup>  0 Worst health plan possible  
<sup>01</sup>  1  
<sup>02</sup>  2  
<sup>03</sup>  3  
<sup>04</sup>  4  
<sup>05</sup>  5  
<sup>06</sup>  6  
<sup>07</sup>  7  
<sup>08</sup>  8  
<sup>09</sup>  9  
<sup>10</sup>  10 Best health plan possible

### Prescription Medicines

55. In the last 6 months, did you get or refill any prescription medicines for your child?

- <sup>1</sup>  Yes  
<sup>2</sup>  No → If No, Go to Question 58

56. In the last 6 months, how often was it easy to get prescription medicines for your child through his or her health plan?

- <sup>1</sup>  Never  
<sup>2</sup>  Sometimes  
<sup>3</sup>  Usually  
<sup>4</sup>  Always

57. Did anyone from your child's health plan, doctor's office, or clinic help you get your child's prescription medicines?

- <sup>1</sup>  Yes  
<sup>2</sup>  No

## **ABOUT YOUR CHILD AND YOU**

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

- Excellent
- Very Good
- Good
- Fair
- Poor

**59. Does your child currently need or use medicine prescribed by a doctor (other than vitamins)?**

- Yes
- No → If No, Go to Question 62

**60. Is this because of any medical, behavioral, or other health condition?**

- Yes
- No → If No, Go to Question 62

**61. Is this a condition that has lasted or is expected to last for at least 12 months?**

- Yes
- No

**62. Does your child need or use more medical care, more mental health services, or more educational services than is usual for most children of the same age?**

- Yes
- No → If No, Go to Question 65

**63. Is this because of any medical, behavioral, or other health condition?**

- Yes
- No → If No, Go to Question 65

**64. Is this a condition that has lasted or is expected to last for at least 12 months?**

- Yes
- No

**65. Is your child limited or prevented in any way in his or her ability to do the things most children of the same age can do?**

- Yes
- No → If No, Go to Question 68

**66. Is this because of any medical, behavioral, or other health condition?**

- Yes
- No → If No, Go to Question 68

**67. Is this a condition that has lasted or is expected to last for at least 12 months?**

- Yes
- No

**68. Does your child need or get special therapy such as physical, occupational, or speech therapy?**

- Yes
- No → If No, Go to Question 71

69. Is this because of any medical, behavioral, or other health condition?  
<sup>1</sup>  Yes  
<sup>2</sup>  No → If No, Go to Question 71
70. Is this a condition that has lasted or is expected to last for at least 12 months?  
<sup>1</sup>  Yes  
<sup>2</sup>  No
71. Does your child have any kind of emotional, developmental, or behavioral problem for which he or she needs or gets treatment or counseling?  
<sup>1</sup>  Yes  
<sup>2</sup>  No → If No, Go to Question 73
72. Has this problem lasted or is it expected to last for at least 12 months?  
<sup>1</sup>  Yes  
<sup>2</sup>  No
73. What is your child's age?  
<sup>00</sup>  Less than 1 year old  
\_\_\_\_\_ YEARS OLD (*write in*)
74. Is your child male or female?  
<sup>1</sup>  Male  
<sup>2</sup>  Female
75. Is your child of Hispanic or Latino origin or descent?  
<sup>1</sup>  Yes, Hispanic or Latino  
<sup>2</sup>  No, not Hispanic or Latino
76. What is your child's race? Please mark one or more.  
<sup>a</sup>  White  
<sup>b</sup>  Black or African-American  
<sup>c</sup>  Asian  
<sup>d</sup>  Native Hawaiian or other Pacific Islander  
<sup>e</sup>  American Indian or Alaska Native  
<sup>f</sup>  Other
77. What is your age?  
<sup>0</sup>  Under 18  
<sup>1</sup>  18 to 24  
<sup>2</sup>  25 to 34  
<sup>3</sup>  35 to 44  
<sup>4</sup>  45 to 54  
<sup>5</sup>  55 to 64  
<sup>6</sup>  65 to 74  
<sup>7</sup>  75 or older
78. Are you male or female?  
<sup>1</sup>  Male  
<sup>2</sup>  Female

**79. 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

**80. How are you related to the child?**

- 1 Mother or father
- 2 Grandparent
- 3 Aunt or uncle
- 4 Older sibling
- 5 Other relative
- 6 Legal guardian

**81. Did someone help you complete this survey?**

- 1 Yes → **If Yes, Go to Question 82**
- 2 No → **Thank you. Please return the completed survey in the postage-paid envelope.**

**82. How did that person help you? Check all that apply.**

- a Read the questions to me
- b Wrote down the answers I gave
- c Answered the questions for me
- d Translated the questions into my language
- e Helped in some other way

**THANK YOU**

**Please return the completed survey in the postage-paid envelope.**