



## **Building Medical Homes for the Ambulatory and Community Health Network Questionnaire**

We want to know how we can make this clinic better for you and your family. Your answers to these questions about the care your child gets from the doctors, nurses or staff at this clinic will help us serve you and your family.

Please write or enter the special code number below you received from the survey administrator in the space below. No one at the clinic will know how you answered these questions. We need the code numbers since we want to ask you the same questions in another survey in about 18 months to tell if the service at our clinic changes.

Enter the number you received here: \_\_\_\_\_

People who take the survey again in about 15 months will receive a \$20.00 gift card.

### **QUALIFYING QUESTIONS:**

How often have you been to this clinic office in the last 12 months?

- 1 or 2 times
- 3 or 4 times
- 5 times or more

How long have you been coming to this clinic?

- Less than 1 year
- About one year
- More than one year

**Thank you!**

1. Think about your experiences at this clinic during the last 12 months. Please answer these questions by circling the answer that best answers each question. \*If the question does not have anything to do with you, choose the NA (does not apply) or the Don't know answer.

1a. During the last 12 months, how often did you get the health care that your child needs during regular office hours at this clinic?      Never    Sometimes      Often    Always    N  
A

1b. Through this clinic I get the health care that my child needs when we need it (including after office hours, on weekends and holidays).      Never    Sometimes      Often    Always    N  
A

2. The next set of questions ask about your experience when you call the clinic.

2a. When you call this clinic, does the staff know who you are?      Never      Sometimes      Often      Always      Don't know

2b. When you call this clinic, does the staff respect your needs?      Never      Sometimes      Often      Always

2c. When you call this clinic, does the staff remember your child's individual needs?      Never      Sometimes      Often      Always      Don't know

2d. When you call this clinic, does the staff ask you if there is anything new that needs attention?      Never      Sometimes      Often      Always

3. The next questions ask about your experiences when you are at the clinic?

3a. Do doctors or nurses at this clinic explain things clearly to you, or encourage your questions?      Never      Sometimes      Often      Always

3b. Do your doctor or nurses at this clinic explain things clearly to your child, or encourage your child's questions?      Never      Sometimes      Often      Always      NA-my child is too young

3c. Is someone at this clinic able to review your child's medical record with you if you ask?      Yes      No      Don't know-I have not asked

3d. Do you think the people who work at this clinic know your child's overall health needs?      Yes      No

3e. Do you think the people who work at this clinic know about your concerns for your child's health care?      Yes      No

3f. How often does your doctor or nurse listen to your concerns and questions?      Never      Sometimes      Often      Always

3g. How often does someone at this clinic help you coordinate care for your child?      Never      Sometimes      Often      Always

4. Have you seen changes at the clinic because of your suggestions in the last year?      Yes      No      I have not made suggestions

5. The next two questions ask about your general satisfaction with clinic services:

5a. In the last 12 months, has the clinic used surveys, interviews, or family discussions to ask how satisfied you are with your child's care?	Yes	No	I don't know		
5b. During the last 12 months how often have you been satisfied with the services you received at this clinic?	Yes	No	I don't know		
6. The next set of questions ask about the care for your child and/or family outside of the clinic					
6a. How often does your doctor or nurse ask how your child's condition affects the rest of your family (like brothers or sisters, lost sleep, extra expenses, or other things)?	Never	Sometimes	Often	Always	
6b. How often do people who work at this clinic help you explain your child's needs to other medical providers?	Never	Sometimes	Often	Always	NA-I have not asked
6c. How often do people who work at this clinic help you explain your child's needs to your child's school?	Never	Sometimes	Often	Always	NA-I have not asked
6d. Has this clinic sponsored activities to help your family (such as support groups, parent skill building or how to support other parents)?	Yes	No	I don't know		
6e. Have people who work at this clinic told you about other services in your community to help your family?	Yes	No			
6f. Does your clinic staff help you find adult health care services for your youth ages 17 and older?	Yes	No	NA – my child is younger than 17		
6g. Does anyone at your clinic attend team meetings with you about your child's plan of care (such as IEP meetings or with Early Intervention)?	Yes	No	NA-I have not asked		
6h. How often does clinic staff ask you to share your knowledge or skills as the parent or caregiver of a child with special health care needs?	Never	Sometimes	Often	Always	
7. The next set of questions are about care plans.					
7a. How often does someone at this clinic work with you to make a written care plan for your child?	Never	Sometimes	Often	Always	I don't know
7b. How often does your doctor or nurse set goals with you when planning your child's health care?	Never	Sometimes	Often	Always	I don't know
7c. How often does this clinic's staff or Care Coordinator help you with follow-up activities?	Never	Sometimes	Often	Always	I have no need
7d. How often does your doctor or nurse update your child's health care plan?	Never	Sometimes	Often	Always	I don't know

	Never	Sometimes	Often	Always	Don't know
8. How often do you get a copy of your child's care plan with all updates or changes?					
9. How often does your clinic's staff person or Care Coordinator help people involved in your child's care communicate with each other (with your consent)?	Never	Sometimes	Often	Always	NA
10. Is your doctor or nurse an advocate for the rights and health care for <u>children with special health care needs</u> and their families?		Yes	No	I don't know	
11. Is your doctor or nurse an advocate for the rights and health care for <u>all children</u> and their families?		Yes	No	I don't know	
12a. Does anyone who works at this clinic <u>go to</u> events to talk about the needs of children with special health care needs and their families?		Yes	No	I don't know	
12b. Does anyone who works at this clinic plan and <u>set up</u> events to talk about the needs of children with special health care needs and their families?		Yes	No	I don't know	

### COMMENTS

13. Do you have any other comments? **Write your answer here:**

How many of your children have been seen by a doctor or nurse at this clinic?

- 1
- 2
- more than 2

What is the age of your children with special health care needs? \_\_\_\_\_

What is the sex of your child with special health care needs?

- Male
- Female

What is the primary diagnosis of your child with special health care needs? \_\_\_\_\_

Are there other illnesses or chronic medical problems your child has? \_\_\_\_\_

What is the racial or ethnic background with which you most closely identify? **(Optional)**

- White, Non-Hispanic
- Black, African American
- Hispanic,
- Native American/American Indian/Alaskan Native
- Asian
- Multiracial
- Other (Please describe: \_\_\_\_\_)

Additional comments: \_\_\_\_\_

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**Thank you for taking this survey.**

If you have any questions about this survey, you can contact Dr. Jay Mayefsky at 312-864-6058.