



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 1-877-455-3391.

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 enrolled in [Colorado Medicaid/Medicaid's Primary Care Physician Program]. 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 22*
 - 1 time
 - 2
 - 3
 - 4
 - 5 to 9
 - 10 or more times

- 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. In the last 6 months, how often was it easy to get the care, tests, or treatment your child needed?
 - Never
 - Sometimes
 - Usually
 - Always



14. In the last 6 months, did your child's doctor or other health provider order a blood test, x-ray, or other test for your child?

- Yes
- No → *Go to Question 16*

15. In the last 6 months, when your child's doctor or other health provider ordered a blood test, x-ray, or other test for your child, how often did someone follow up to give you those results?

- Never
- Sometimes
- Usually
- Always

16. In the last 6 months, did your child's doctor or other health provider talk with you about specific goals for your child's health?

- Yes
- No

17. 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

18. In the last 6 months, did you and your child's doctor or other health provider talk about your child's learning ability?

- Yes
- No

19. In the last 6 months, did you and your child's doctor or other health provider talk about the kinds of behaviors that are normal for your child at this age?

- Yes
- No

20. In the last 6 months, did you and your child's doctor or other health provider talk about your child's moods and emotions?

- Yes
- No

21. 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 Care Possible Best Health Care Possible

YOUR CHILD'S PERSONAL DOCTOR

22. A personal doctor is the one your child would see if he or she needs a check-up, has a health problem, or gets sick or hurt. Does your child have a personal doctor?

- Yes
- No → *Go to Question 43*

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

- None → *Go to Question 41*
- 1 time
- 2
- 3
- 4
- 5 to 9
- 10 or more times

24. 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

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

- Never
- Sometimes
- Usually
- Always



26. 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
27. Is your child able to talk with doctors about his or her health care?
- Yes
 - No → *Go to Question 29*
28. 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
29. In the last 6 months, how often did your child's personal doctor spend enough time with your child?
- Never
 - Sometimes
 - Usually
 - Always
30. 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
31. Thinking about the care your child received in the last 6 months, how often do you think your child's personal doctor understood the things that really matter to you about your child's health care?
- Never
 - Sometimes
 - Usually
 - Always

32. In the past 6 months, did you ever leave your child's personal doctor's office confused about what to do next to manage your child's health?
- Yes
 - No
33. 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 35*
34. 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
35. Some doctor's offices remind patients between visits about tests, treatment or appointments. In the last 6 months, did you get any reminders about your child's care between visits with your child's personal doctor?
- Yes
 - No
36. In the last 6 months, did your child take any prescription medicine?
- Yes
 - No → *Go to Question 38*
37. In the last 6 months, did you and your child's personal doctor talk at each visit about all the prescription medicines your child was taking?
- Yes
 - No
38. In the last 6 months, did your child's personal doctor's office give you information about what to do if your child needed care during evenings, weekends, or holidays?
- Yes
 - No



39. In the last 6 months, did your child need care from his or her personal doctor during evenings, weekends, or holidays?

- Yes
 No -> Go to Question 41

40. In the last 6 months, how often were you able to get the care your child needed from his or her personal doctor during evenings, weekends, or holidays?

- Never
 Sometimes
 Usually
 Always

41. 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?

0 1 2 3 4 5 6 7 8 9 10
Worst Personal Doctor Possible Best Personal Doctor Possible

42. In the last 6 months, did your child's personal doctor or other health provider talk to you about resources in your neighborhood to support you in managing 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.

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 make any appointments for your child to see a specialist?

- Yes
 No -> Go to Question 47

44. 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

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

- None -> Go to Question 47
 1 specialist
 2
 3
 4
 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 that specialist?

0 1 2 3 4 5 6 7 8 9 10
Worst Specialist Possible Best Specialist Possible

ABOUT YOU AND YOUR CHILD

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

- Excellent
 Very Good
 Good
 Fair
 Poor

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

- Excellent
 Very Good
 Good
 Fair
 Poor



49. What is your child's age?

Less than 1 year old

YEARS OLD (write in)

50. Is your child male or female?

Male

Female

51. Is your child of Hispanic or Latino origin or descent?

Yes, Hispanic or Latino

No, Not Hispanic or Latino

52. 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

53. 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

54. Are you male or female?

Male

Female

55. 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

56. How are you related to the child?

Mother or father

Grandparent

Aunt or uncle

Older brother or sister

Other relative

Legal guardian

Someone else

57. Did someone help you complete this survey?

Yes → **Go to Question 58**

No → **Thank you. Please return the completed survey in the postage-paid envelope.**

58. 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

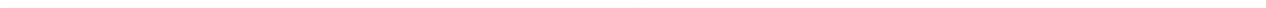
Helped in some other way

Thanks again for taking the time to complete this survey! Your answers are greatly appreciated.

When you are done, please use the enclosed postage-paid envelope to mail the survey to:

**DataStat, 3975 Research Park Drive, Ann Arbor, MI
48108**



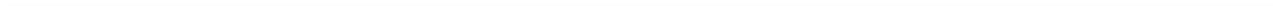


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