Family ExperIEnces with coordination of CARE survey

Telephone Interview version

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| 1. |  | Your child’s main provider is the doctor, physician assistant, nurse or other health care provider who knows the most about your child’s health, and who is in charge of your child’s care overall. |  |
| 1A. | OPEN TEXT  (100 CHARACTERS) | What is the name of your child’s main provider? |  |
| 1B. | EMPTY | The questions in this survey will refer to [FILL 1A.] as “your child’s main provider.” Please think of that person as you answer the questions. |  |
| 2-INTRO | EMPTY | This first set of questions is about the people who help you manage care, treatment and services for your child. |  |
| 2. | 0=NO (GO TO 13-INTRO)  1=YES (GO TO 3A)  8 = DON’T KNOW (GO TO 3A)  9 = REFUSED (GO TO 3A) | In the last 12 months, did your child visit more than one doctor’s office or use more than one kind of health care service, such as physical or speech therapy, or community service, such as home health care or transportation services?  IF NEEDED: Other examples of community services are early intervention programs, respite care, and parent or caregiver support services. |  |
| 3A. | 0=NO (GO TO 3B)  1=YES (GO TO 4)  8 = DON’T KNOW (GO TO 3B)  9 = REFUSED (GO TO 3B) | Did anyone in the main provider’s office help you to manage your child’s care or treatment from different doctors or care providers? |  |
| 3B. | 0=NO (GO to #13 Intro)  1=YES (GO TO 3C)  8 = DON’T KNOW (GO TO 17 INTRO)  9 = REFUSED (GO TO 17 INTRO) | Did anyone outside of [1A]’s office help you to manage your child’s care or treatment from different doctors or care providers? |  |
| 3C. | 1. Another provider from a different office/clinic 2. A care coordinator who isn’t part of [FILL 1A’s] office staff 3. A social worker who isn’t part of [1A’s] office staff 4. A care or case manager who isn’t part of [1A’s] office staff 5. Someone else who isn’t part of [1A’s] office staff | Who was it that helped you?  If more than one person helped you,  we want to know the person who helped you most often in the last 12 months. | ALL GO TO 5A |
| 4. | 1. Your child’s main provider  2. Another doctor or nurse in the main provider’s office  3. A clerk or receptionist in the main provider’s office  4. A care coordinator in the main provider’s office  5. A social worker in the main provider’s office  6. A care manager or case manager in the main provider’s office  7. Someone else in the main provider’s office  8 = DON’T KNOW  9 = REFUSED | Who in the main provider’s office helped you? If more than one person helped you, we want to know the person who helped you most often in the last 12 months. |  |
| 5a. | 1 = Yes, definitely  2 = Yes, somewhat  3 = No  8 = DON’T KNOW  9 = REFUSED | In the last 12 months, did the person who helped you with managing your child’s care know the important information about your child’s health and care needs? Would you say: |  |
| 5b. | 1 = Yes, definitely  2 = Yes, somewhat  3 = No  8 = DON’T KNOW  9 = REFUSED | In the last 12 months, did the person who helped you with managing your child’s care seem informed and up-to-date about the care your child got from other providers? Would you say: |  |
| 5c. | 1 = Yes, definitely  2 = Yes, somewhat  3 = No  8 = DON’T KNOW  9 = REFUSED | In the last 12 months, did the person who helped you with managing your child’s care support your decisions about what is best for your child’s health and treatment? |  |
| 5d | 1 = Yes, definitely  2 = Yes, somewhat  3 = No  4 = N/A, my child hasn’t needed to have visits with other providers during the last 12 months  8 = DON’T KNOW  9 = REFUSED | In the last 12 months, did the person who helped you with managing your child’s care help you to get appointments to visit other providers? |  |
| 5e | 1 = Yes, definitely  2 = Yes, somewhat  3 = No  4 = N/A, my child hasn’t needed special medical equipment during the last 12 months  8 = DON’T KNOW  9 = REFUSED | In the last 12 months, did the person who helped you with managing your child’s care help you to get special medical equipment your child needed like a special bed, wheelchair, or feeding tube supplies? |  |
| 6. | 0=NO (GO TO 9)  1=YES  8 = DON’T KNOW  9 = REFUSED | In the last 3 months, did the person who helped you with managing your child’s care contact you without you getting in touch with them first? |  |
| 7. | 1. Never  2. Sometimes  3. Usually  4. Always  8= DON’T KNOW  9 = REFUSED | In the last 3 months, when the person who helped you with managing your child’s care contacted you, how often did he or she ask if you had any concerns about your child’s health or treatment? |  |

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| 8. | 1. Never  2. Sometimes  3. Usually  4. Always  8= DON’T KNOW  9 = REFUSED | In the last 3 months, when the person who helped you with managing your child’s care contacted you, how often did he or she ask if your child’s health had changed in any way? |  |
| 9-INTRO |  | The next few questions ask about your experiences with getting care for your child from specialists. |  |
| 9. | 0=NO (GO TO 11-INTRO)  1=YES  8 = DON’T KNOW  9 = REFUSED | Specialists are doctors like surgeons, heart doctors, allergy doctors, mental health doctors, and other doctors who specialize in one area of health care. During the last 12 months, did the main provider tell you that your child needed to see a specialist? |  |
| 10. | 1. Never  2. Sometimes  3. Usually  4. Always  8= DON’T KNOW  9 = REFUSED | Did the person who helped you with managing your child’s care contact you to make sure your child got an appointment to see a specialist? |  |
| 11-INTRO |  | The next few questions ask about your experiences with getting community services for you or your child. |  |
| 11. | 0=NO (GO TO 13-INTRO)  1=YES  8 = DON’T KNOW  9 = REFUSED | Community services are services to help maintain your and your child’s health and well-being, which may or may not be ordered by one of your child’s doctors. This can include things like home health care, early intervention programs, respite care, help with transportation, and parent or caregiver support services. In the last 12 months, did you or your child need or use community services? |  |
| 12. | 0=NO  1=YES  8 = DON’T KNOW  9 = REFUSED | Did the person who helped you with managing your child’s care help you to get the community services you or your child needed? |  |
| 13-Intro |  | The next set of questions asks about different ways in which you might get information about the care your child is receiving. We are interested in summaries you might have received after visiting the main provider’s office or after your child was in the hospital. |  |
| 13. | 0=NO (GO TO 15)  1=YES  8 = DON’T KNOW  9 = REFUSED | A written visit summary sums up what happened during your child’s visit to a health care provider. A written visit summary can be available on paper, on a web site, through an app, or sent by email.  In the last 12 months, did anyone at the main provider’s office give you a written visit summary after your child’s visits? |  |
| 18a. 14a. | * 1. Never * 2. Sometimes * 3. Always   8 = DON’T KNOW  9 = REFUSED | How often did the written visit summaries you got from the main provider’s office include a list of your child’s health problems at the time of the visit? |  |
| 18b. 14b. | * 1. Never * 2. Sometimes * 3. Always   8 = DON’T KNOW  9 = REFUSED | How often did the written visit summaries you got from the main provider’s office include an up-to-date list of all the prescription medicines your child is taking? |  |
| 18c. 14c. | * 1. Never * 2. Sometimes * 3. Always   8 = DON’T KNOW  9 = REFUSED | How often did the written visit summaries you got from the main provider’s office include an up-to-date list of all the over the counter medicines your child is taking? |  |
| 18d. 14d. | * 1. Never * 2. Sometimes * 3. Always   8 = DON’T KNOW  9 = REFUSED | How often did the written visit summaries you got from the main provider’s office include a list of your child’s allergies? |  |
| 18e. 14e. | * 1. Never * 2. Sometimes * 3. Always   8 = DON’T KNOW  9 = REFUSED | How often did the written visit summaries you got from the main provider’s office include the names of all the specialist doctors who help care for your child? |  |
| 18f. 14f. | * 1. Never * 2. Sometimes * 3. Always   8 = DON’T KNOW  9 = REFUSED | How often did the written visit summaries you got from the main provider’s office include the plan for follow-up care for your child after the visit? |  |
| 14g. | * 1. Never * 2. Sometimes * 3. Always   8 = DON’T KNOW  9 = REFUSED | How often did the written visit summaries you got from the main provider’s office include what to do if your child had a problem after the visit? |  |

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| 15-Intro |  | The next set of questions asks about a type of written care plan the main provider may have created for your child called a shared care plan. We are interested in your experiences, if any, with this type of plan. |  |
| 15. | 0=NO  1=YES  8 = DON’T KNOW  9 = REFUSED | A shared care plan is a written document that contains information about your child’s active health problems, medicines he or she is taking, special considerations that all people caring for your child should know, goals for your child’s health, growth and development, and steps to take to reach those goals.  Has the main provider created a shared care plan for your child? |  |
| 16-Intro |  | This last set of questions is about you and your child. This information will help us to describe the parents and children who take part in this survey. |  |
| 16. | * + 1. Very well   + 2. Well   + 3. Not well   + 4. Not at all well | How well do you speak English? |  |
| 17. | 0=NO (GO TO 22)  1=YES  8 = DON’T KNOW  9 = REFUSED | Do you speak a language other than English at home? |  |
| 18. | * + 1. SPANISH   + 2. SOME OTHER LANGUAGE   8 = DON’T KNOW  9 = REFUSED | What is the language you speak at home? |  |
| 19. | * 1. ENGLISH (GO TO #22) * 2. ANOTHER LANGUAGE   8 = DON’T KNOW  9 = REFUSED | Do you prefer to talk with your child’s doctors and care providers in English or in another language? |  |
| 20. | * 1. No visits (GO TO #22) * 2. Some visits * 3. Most visits * 4. All visits   8 = DON’T KNOW  9 = REFUSED | A medical interpreter is a professional who helps you talk with doctors and other providers who do not speak your language. The interpreter can do this over the phone or in-person. In the last 12 months, how often did you need an interpreter during a visit to the main provider? |  |
| 21. | * 1. Never * 2. Sometimes * 3. Usually * 4. Always   8 = DON’T KNOW  9 = REFUSED | When you needed a professional interpreter during a visit to the main provider, how often was an interpreter available? |  |
| 22. | * 1. YES, HISPANIC OR LATINO * 2. NO, NOT HISPANIC OR LATINO   8 = DON’T KNOW  9 = REFUSED | Is this child of Hispanic or Latino origin or descent? |  |
| 23. | 1. White  2. Black or African American  3. Asian  4. Native Hawaiian or Other Pacific Islander  5. American Indian or Alaska Native  6. Other  8 = DON’T KNOW  9 = REFUSED | What is this child’s race? Please choose one or more from this list: |  |
| 24. | 18 TO 24  25 TO 34  35 TO 44  45 TO 54  55 TO 64  65 TO 74  75 OR OLDER  8 = DON’T KNOW  9 = REFUSED | What is your age? |  |
| 25. | 1. MALE  2. FEMALE  8 = DON’T KNOW  9 = REFUSED | I’m required to ask, are you male or female? |  |
| 26. | 1. YES, HISPANIC OR LATINO  2. NO, NOT HISPANIC OR LATINO  8 = DON’T KNOW  9 = REFUSED | Are you of Hispanic or Latino origin or descent? |  |
| 27. | * 1. White * 2. Black or African American * 3. Asian * 4. Native Hawaiian or Other Pacific Islander * 5. American Indian or Alaska Native * 6. Other   8 = DON’T KNOW  9 = REFUSED | What is your race? Please choose one or more from this list. |  |
| 28. | 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  8 = DON’T KNOW  9 = REFUSED | What is the highest grade or level of school that you have completed? |  |
| THANKS | EMPTY | That’s the end of the survey. Thank you very much for participating. Do you have any questions for me before we end the call? |  |