



SURVEY INSTRUCTIONS

- Answer each question by marking in 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 a note that tells you what question to answer next, like this: Yes.....**Go to Question 1**

Personally identifiable information will not be made public and will only be released in accordance with Federal laws and regulations. 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 your survey so we don't have to send you reminders.

If you want to know more about this study, please call 1-888-707-7601.

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 Sunshine Health. Is that right?

- 1 Yes **Go to Question 3**
- 2 No **Go to Question 2**

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?

- 1 Yes **Go to Question 4**
- 2 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?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 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?

- 1 Yes **Go to Question 6**
- 2 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?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 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?

- 0 None **Go to Question 16**
- 1 1 time **Go to Question 8**
- 2 2 **Go to Question 8**
- 3 3 **Go to Question 8**
- 4 4 **Go to Question 8**
- 5 5 to 9 **Go to Question 8**
- 6 10 or more times .. **Go to Question 8**

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?

- 1 Yes
- 2 No

9. In the last 6 months, how often did you have your questions answered by your child's doctors or other health providers?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

Please place an "X" in only one box for each question.

10. 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?

- 1 Yes Go to Question 11
- 2 No Go to Question 14

11. Did you and a doctor or other health provider talk about the reasons you might want your child to take a medicine?

- 1 Yes
- 2 No

12. Did you and a doctor or other health provider talk about the reasons you might not want your child to take a medicine?

- 1 Yes
- 2 No

13. 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?

- 1 Yes
- 2 No

14. 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?

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

15. In the last 6 months, how often was it easy to get the care, tests, or treatment your child needed?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

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

- 1 Yes Go to Question 17
- 2 No Go to Question 19

17. 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?

- 1 Yes Go to Question 18
- 2 No Go to Question 19

18. 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?

- 1 Yes
- 2 No

SPECIALIZED SERVICES

19. 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?

- 1 Yes Go to Question 20
- 2 No Go to Question 22

20. In the last 6 months, how often was it easy to get special medical equipment or devices for your child?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

21. Did anyone from your child's health plan, doctor's office, or clinic help you get special medical equipment or devices for your child?

- 1 Yes
- 2 No

22. In the last 6 months, did you get or try to get special therapy such as physical, occupational, or speech therapy for your child?

- 1 Yes Go to Question 23
- 2 No Go to Question 25

23. In the last 6 months, how often was it easy to get this therapy for your child?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

24. Did anyone from your child's health plan, doctor's office, or clinic help you get this therapy for your child?

- 1 Yes
- 2 No

25. 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?

- 1 Yes Go to Question 26
- 2 No Go to Question 28

26. In the last 6 months, how often was it easy to get this treatment or counseling for your child?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

27. Did anyone from your child's health plan, doctor's office, or clinic help you get this treatment or counseling for your child?

- 1 Yes
- 2 No

28. 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?

- 1 Yes Go to Question 29
- 2 No Go to Question 30

29. 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?

- 1 Yes
- 2 No

YOUR CHILD'S PERSONAL DOCTOR

30. 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?

- 1 Yes Go to Question 31
- 2 No Go to Question 45

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

- 0 None Go to Question 41
- 1 1 time Go to Question 32
- 2 2 Go to Question 32
- 3 3 Go to Question 32
- 4 4 Go to Question 32
- 5 5 to 9 Go to Question 32
- 6 10 or more times.. Go to Question 32

32. 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?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

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

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

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

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

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

- 1 Yes Go to Question 36
- 2 No Go to Question 37

36. 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?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

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

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

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

- 1 Yes
- 2 No

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

- 1 Yes Go to Question 40
- 2 No Go to Question 41

40. 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?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 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?

Worst personal doctor possible	Best personal doctor possible
0	10
<input type="checkbox"/>	<input type="checkbox"/>
00	10

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

- 1 Yes Go to Question 43
- 2 No Go to Question 45

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

- 1 Yes
- 2 No

44. 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?

- 1 Yes
- 2 No

GETTING HEALTH CARE FROM SPECIALISTS

When you answer the next questions, do not include dental visits or care your child got when your child stayed overnight in a hospital.

45. 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?

- 1 Yes..... Go to Question 46
- 2 No Go to Question 49

46. In the last 6 months, how often did you get an appointment for your child to see a specialist as soon as you needed?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

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

- 0 None Go to Question 49
- 1 1 specialist..... Go to Question 48
- 2 2..... Go to Question 48
- 3 3..... Go to Question 48
- 4 4..... Go to Question 48
- 5 5 or more specialists.. Go to Question 48

48. 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?

Worst specialist possible	Best specialist possible
0	10
<input type="checkbox"/>	<input type="checkbox"/>
00	10

YOUR CHILD'S HEALTH PLAN

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

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

- 1 Yes..... Go to Question 50
- 2 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?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 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?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

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

- 1 Yes **Go to Question 53**
- 2 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?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 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?

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

PRESCRIPTION MEDICINES

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

- 1 Yes **Go to Question 56**
- 2 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?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

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

- 1 Yes
- 2 No

ABOUT YOUR CHILD AND YOU

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

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor

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

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor

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

- 1 Yes **Go to Question 61**
- 2 No **Go to Question 63**

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

- 1 Yes **Go to Question 62**
- 2 No **Go to Question 63**

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

- 1 Yes
- 2 No

63. 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?

- 1 Yes **Go to Question 64**
- 2 No **Go to Question 66**

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

- 1 Yes **Go to Question 65**
- 2 No **Go to Question 66**

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

- 1 Yes
- 2 No

66. 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?

- 1 Yes Go to Question 67
- 2 No Go to Question 69

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

- 1 Yes Go to Question 68
- 2 No Go to Question 69

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

- 1 Yes
- 2 No

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

- 1 Yes Go to Question 70
- 2 No Go to Question 72

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

- 1 Yes Go to Question 71
- 2 No Go to Question 72

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

- 1 Yes
- 2 No

72. Does your child have any kind of emotional, developmental, or behavioral problem for which he or she needs or gets treatment or counseling?

- 1 Yes Go to Question 73
- 2 No Go to Question 74

73. Has this problem lasted or is it expected to last for at least 12 months?

- 1 Yes
- 2 No

74. What is your child's age?

- 00 Less than 1 year old
- _____ YEARS OLD (*write in*)

75. Is your child male or female?

- 1 Male
- 2 Female

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

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

77. What is your child's race? Mark one or more.

- a White
- b Black or African-American
- c Asian
- d Native Hawaiian or other Pacific Islander
- e American Indian or Alaska Native
- f Other

78. What is your age?

- 0 Under 18
- 1 18 to 24
- 2 25 to 34
- 3 35 to 44
- 4 45 to 54
- 5 55 to 64
- 6 65 to 74
- 7 75 or older

79. Are you male or female?

- 1 Male
- 2 Female

80. 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

81. How are you related to the child?

- 1 Mother or father
- 2 Grandparent
- 3 Aunt or uncle
- 4 Older brother or sister
- 5 Other relative
- 6 Legal guardian
- 7 Someone else

82. Did someone help you complete this survey?

- 1 Yes **Go to Question 83**
- 2 No **Go to Question 84**

83. How did that person help you? Mark one or more.

- 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

Now we would like to ask you a few more questions about your child's health care and health plan. Your child's health plan is very interested in your responses to these questions.

84. In the last 6 months, did your child need any treatment or counseling for a personal or family problem?

- 1 Yes **Go to Question 85**
- 2 No **Go to Question 87**

85. In the last 6 months, how often was it easy to get the treatment or counseling your child needed through your health plan?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always
- 5 My child did not need treatment or counseling in the last 6 months

86. Using any number from 0 to 10, where 0 is the worst treatment or counseling possible and 10 is the best treatment or counseling possible, what number would you use to rate all your child's treatment or counseling in the last 6 months?

Worst treatment or counseling possible	Best treatment or counseling possible
---	--

- | | | | | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 00 | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 |

- 11 My child did not receive treatment or counseling in the last 6 months

87. How would you rate the number of doctors you had to choose from?

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor
- 6 No experience

88. Would you recommend your child's health plan to your family or friends?

- 1 Definitely yes
- 2 Probably yes
- 3 Uncertain
- 4 Probably not
- 5 Definitely not

89. If today you could select any health plan company in your area, would you select your child's current plan again?

- 1 Definitely yes
- 2 Probably yes
- 3 Uncertain
- 4 Probably not
- 5 Definitely not

**Thank You. Please return the completed survey in the postage-paid envelope.
SPH Analytics, PO Box 5703, Hopkins MN 55343-9989**

Please place an "X" in only one box for each question.

