

CAHPSTM 2.0

**Child Core
Questionnaire**

October, 1998

SURVEY INSTRUCTIONS

- ◆ 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 ***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. {SPONSOR 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.

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 XXX.

1. Our records show that your child is in {health plan name}. Is that right?

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

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

3. Is this the health plan you use for all or most of your child's health care?

- 1 Yes
- 2 No

4. How many months or years in a row has your child been in this health plan?

- 1 Less than 12 months
- 2 12 up to 24 months
- 3 2 up to 5 years
- 4 5 up to 10 years
- 5 10 or more years

YOUR CHILD'S PERSONAL DOCTOR OR NURSE

The next 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.

5. A personal doctor or nurse is the health provider who knows your child best. This can be a general doctor, a specialist doctor, a nurse practitioner, or a physician assistant.

When your child joined this health plan or at any time since then, did he or she get a new personal doctor or nurse?

- 1 Yes
- 2 No **Go To Question 7
on page 2**

6. With the choices your child's health plan gave you, how much of a problem, if any, was it to get a personal doctor or nurse for your child you are happy with?

- 1 A big problem
 - 2 A small problem
 - 3 Not a problem
- I didn't get a new personal doctor or nurse for my child.

7. Do you have one person you think of as your child's personal doctor or nurse? If your child has more than one personal doctor or nurse, choose the person your child sees most often.

1 Yes

2 No Go to Question 10
 on page 3

8. In the last 12 months, when your child went to his or her personal doctor or nurse's office or clinic, how often did the doctor or nurse talk with you about how your child is feeling, growing, or behaving?

1 Never

2 Sometimes

3 Usually

4 Always

My child doesn't have a personal doctor or nurse.

9. We want to know your rating of your child's personal doctor or nurse. If your child has more than one personal doctor or nurse, choose the person your child sees most often.

Use any number from 0 to 10 where 0 is the worst personal doctor or nurse possible, and 10 is the best personal doctor or nurse possible. How would you rate your child's personal doctor or nurse now?

0 Worst personal doctor or nurse possible

1

2

3

4

5

6

7

8

9

10 Best personal doctor or nurse possible

My child doesn't have a personal doctor or nurse.

GETTING HEALTH CARE FROM A SPECIALIST

When you answer the next questions, do not include dental visits.

10. **Specialists** are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and others who specialize in one area of health care.

In the last 12 months, did you or a doctor think your child needed to see a specialist?

- 1 Yes
2 No **Go to Question 12**

11. In the last 12 months, how much of a problem, if any, was it to get a referral to a specialist that your child needed to see?

- 1 A big problem
2 A small problem
3 Not a problem
My child didn't need to see a specialist in the last 12 months.

12. In the last 12 months, did your child see a specialist?

- 1 Yes
2 No **Go to Question 15
on page 4**

13. We want to know your rating of the **specialist your child saw most often** in the last 12 months, including a personal doctor if he or she was a specialist.

Use any number from 0 to 10 where 0 is the worst specialist possible, and 10 is the best specialist possible. How would you rate your child's specialist?

- 0 Worst specialist possible
1
2
3
4
5
6
7
8
9
10 Best specialist possible
My child didn't see a specialist in the last 12 months.

14. In the last 12 months, was the **specialist your child saw most often the same doctor as your child's personal doctor**?

- 1 Yes
2 No
My child doesn't have a personal doctor or didn't see a specialist in the last 12 months.

CALLING DOCTORS' OFFICES

15. In the last 12 months, did you call a doctor's office or clinic during regular office hours to get help or advice for your child?
- 1 Yes
 - 2 No **Go to Question 17**
16. In the last 12 months, when you called during regular office hours, how often did you get the help or advice you needed for your child?
- 1 Never
 - 2 Sometimes
 - 3 Usually
 - 4 Always
- I didn't call for help or advice for my child during regular office hours in the last 12 months.

YOUR CHILD'S HEALTH CARE IN THE LAST 12 MONTHS

17. A health provider could be a general doctor, a specialist doctor, a nurse practitioner, a physician assistant, a nurse, or anyone else your child would see for health care.
- In the last 12 months, did you make any appointments for your child with a doctor or other health provider for regular or routine health care?
- 1 Yes
 - 2 No **Go to Question 19**
18. In the last 12 months, how often did your child get an appointment for regular or routine health care as soon as you wanted?
- 1 Never
 - 2 Sometimes
 - 3 Usually
 - 4 Always
- My child didn't need an appointment for regular or routine care in the last 12 months.
19. In the last 12 months, did your child have an illness or injury that needed care right away from a doctor's office, clinic, or emergency room?
- 1 Yes
 - 2 No **Go to Question 21 on page 5**

20. In the last 12 months, when your child needed care right away for an illness or injury, how often did your child get care as soon as you wanted?

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

My child didn't need care right away for an illness or injury in the last 12 months.

21. In the last 12 months, how many times did your child go to an emergency room?

None

_____ Number of times (*Write in*)

22. In the last 12 months (not counting times your child went to an emergency room), how many times did your child go to a doctor's office or clinic?

None

**Go to Question 35
on page 8**

- 1 1
- 2 2
- 3 3
- 4 4
- 5 5 to 9
- 6 10 or more

23. In the last 12 months, how much of a problem, if any, was it to get care for your child that you or a doctor believed necessary?

- 1 A big problem
 - 2 A small problem
 - 3 Not a problem
- My child had no visits in the last 12 months.

24. In the last 12 months, how much of a problem, if any, were delays in your child's health care while you waited for approval from your child's health plan?

- 1 A big problem
 - 2 A small problem
 - 3 Not a problem
- My child had no visits in the last 12 months.

25. In the last 12 months, how often did your child wait in the doctor's office or clinic more than 15 minutes past the appointment time to see the person your child went to see?

- 1 Never
 - 2 Sometimes
 - 3 Usually
 - 4 Always
- I don't know
- My child had no visits in the last 12 months.

26. In the last 12 months, how often did office staff at your child's doctor's office or clinic treat you and your child with courtesy and respect?

- 1 Never
 - 2 Sometimes
 - 3 Usually
 - 4 Always
- I don't know
My child had no visits in the last 12 months.

27. In the last 12 months, how often were office staff at your child's doctor's office or clinic as helpful as you thought they should be?

- 1 Never
 - 2 Sometimes
 - 3 Usually
 - 4 Always
- I don't know
My child had no visits in the last 12 months.

28. In the last 12 months, how often did your child's doctors or other health providers listen carefully to you?

- 1 Never
 - 2 Sometimes
 - 3 Usually
 - 4 Always
- I don't know
My child had no visits in the last 12 months.

29. In the last 12 months, how often did your child's doctors or other health providers explain things in a way you could understand?

- 1 Never
 - 2 Sometimes
 - 3 Usually
 - 4 Always
- I don't know
My child had no visits in the last 12 months.

30. In the last 12 months, how often did your child's doctors or other health providers show respect for what you had to say?

- 1 Never
 - 2 Sometimes
 - 3 Usually
 - 4 Always
- I don't know
My child had no visits in the last 12 months.

31. Is your child old enough to talk with doctors about his or her health care?

- 1 Yes
 - 2 No
- Go to Question 33 on page 7**

32. In the last 12 months, how often did doctors or other health providers explain things in a way your child could understand?

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

I don't know

My child had no visits in the last 12 months or my child is not old enough to talk with doctors.

33. In the last 12 months, how often did doctors or other health providers spend enough time with your child?

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

I don't know

My child had no visits in the last 12 months.

34. We want to know your rating of all your child's health care in the last 12 months from all doctors and other health providers.

Use any number from 0 to 10 where 0 is the worst health care possible, and 10 is the best health care possible. How would you rate all your child's health care?

0 Worst health care possible

1

2

3

4

5

6

7

8

9

10 Best health care possible

My child had no visits in the last 12 months.

YOUR CHILD'S HEALTH PLAN

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

35. In the last 12 months, did you look for any information in written materials from your child's health plan?

1 Yes

2 No **Go to Question 37**

36. In the last 12 months, how much of a problem, if any, was it to find or understand information in the written materials?

1 A big problem

2 A small problem

3 Not a problem

I didn't look for information from my child's health plan in the last 12 months.

37. In the last 12 months, did you call the health plan's customer service to get information or help for your child?

1 Yes

2 No **Go to Question 39**

38. In the last 12 months, how much of a problem, if any, was it to get the help you needed when you called your child's health plan's customer service?

1 A big problem

2 A small problem

3 Not a problem

I didn't call my child's health plan's customer service in the last 12 months.

39. Paperwork means things like getting your child's ID card, having your child's records changed, processing forms, or other paperwork related to getting care for your child.

In the last 12 months, did you have any experiences with paperwork for your child's health plan?

1 Yes

2 No **Go to Question 41 on page 9**

40. In the last 12 months, how much of a problem, if any, did you have with paperwork for your child's health plan?

1 A big problem

2 A small problem

3 Not a problem

I didn't have any experience with paperwork for my child's health plan in the last 12 months.

41. We want to know your rating of all your experience with your child's health plan.

Use any number from 0 to 10 where 0 is the worst health plan possible, and 10 is the best health plan possible. How would you rate your child's health plan now?

- 0 Worst health plan possible
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Best health plan possible

ABOUT YOUR CHILD AND YOU

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

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

43. What is your child's age now?

- 0 Less than 1 year old
_____ YEARS OLD (*Write in*)

44. Is your child male or female?

- 1 Male
- 2 Female

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

- 1 Hispanic or Latino
- 2 Not Hispanic or Latino

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

- 1 White
- 2 Black or African-American
- 3 Asian
- 4 Native Hawaiian or other Pacific Islander
- 5 American Indian or Alaska Native

47. What is your age now?

- 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

48. Are you male or female?

- 1 Male
- 2 Female

49. 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

50. How are you related to the policyholder?

- 1 I am the policyholder
- 2 Spouse or partner of policyholder
- 3 Child of policyholder
- 4 Other family member
- 5 Friend
- 6 Someone else (please print)

51. 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

THANK YOU

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