For Office Use Only	**No.**	
Acrostic	**Date In**	**RA#**
	County	**Fed**
	Date Entered	**RA#**

Demographics

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1. Name of person completing the survey:

   _____

2. Date completing: _____/_____/_____

3. What is the highest grade in school you (person completing survey) have completed? Please circle the correct grade.

Grade School	High School	College/Technical	Graduate/Professional
1 2 3 4 5 6 7 8	9 10 11 12 GED	13 14 15 16	17 18 19 20 21+

4. Name of child that is on address label.

   _____

5. Your relationship to that child.

   _____

6. That child's social security number:

   _____

7. That child's date of birth. _____/_____/_____

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

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

9. How did you first learn about the ALL Kids program?

1 ☐ School
2 ☐ DHR
3 ☐ Health department
4 ☐ Daycare
5 ☐ Community health center
6 ☐ Unemployment office
7 ☐ Mental health center
8 ☐ TV
9 ☐ Radio
10 ☐ AIDB (Alabama Institute of the Deaf and Blind)
11 ☐ Housing authority
12 ☐ Friend/relative
13 ☐ Doctor's or dentist's office
14 ☐ Hospital
15 ☐ Church
16 ☐ Brochure or poster
17 ☐ Internet
18 ☐ Other _____

10. Where did you get your application for the ALL Kids program?

1 ☐ School
2 ☐ DHR
3 ☐ Health department
4 ☐ Daycare
5 ☐ Community health center
6 ☐ Unemployment office
7 ☐ Mental health center
8 ☐ Calling All Kids Office
9 ☐ AIDB
10 ☐ Housing authority
11 ☐ Friend/relative
12 ☐ Doctor's or dentist's office
13 ☐ Hospital
14 ☐ Church
15 ☐ Internet
16 ☐ Other _____

11. Do you think the enrollment process is easy?

1 ☐ Yes, very easy
2 ☐ Yes, somewhat easy
3 ☐ No, not very easy
4 ☐ No, not easy at all

12. Did someone help you fill out the enrollment forms?
☐ No one helped ☐ Friend or Relative ☐ ALL Kids Staff ☐ Toll Free ALL Kids Line
☐ SOBRA Medicaid Staff ☐ Volunteer ☐ Other _____

13. Did you have to provide additional information for your application?
☐ Yes ☐ No

14. If you had to provide additional information, did you find the process easy?
☐ Yes, very easy ☐ Yes, somewhat easy ☐ No, not very easy ☐ No, not at all easy

15. Have you ever contacted the ALL Kids office?
☐ Yes ☐ No → If No, skip to question 19
If yes, was your question/concern handled appropriately? ☐ Yes ☐ No

16. Was it easy to move through the automated telephone menu?
☐ Yes, very easy ☐ Yes, somewhat easy ☐ No, not very easy ☐ No, not at all easy

17. Please describe your experience when you called? _____
_____
_____

18. Did the ALL Kids staff treat you with courtesy and respect?
☐ Yes ☐ No
Please explain your answer _____
_____

19. Would you recommend ALL Kids to other parents?

1 ☐ Yes 2 ☐ No If no, explain _____
_____

20. What would you recommend to make the enrollment process easier?_____
_____
_____

21. In the 12 months prior to ALL Kids, how many days of school did your child miss due to illness, injury, or other health related reasons? _____

22. In the 12 months prior to ALL Kids, how many days of work/school did the parent or guardian miss due to the child's illness, injury, or other health related reasons? _____

23 In the 12 months prior to ALL Kids, was your child covered by health insurance?

1 ☐ Yes 2 ☐ **No** → **Go to question 25**

24 What type of insurance (or name of insurance company) was that? (Please check all that apply)

1 ☐ I paid for all or part of it myself through my or my spouse's work

2 ☐ My employer paid for all of it

3 ☐ I bought private insurance

4 ☐ Medicaid

5 ☐ SSI

6 ☐ CHAMPUS or military

7 ☐ Blue Cross/Blue Shield Caring Foundation

8 ☐ Other (please tell us): _____

25 There are lots of reasons that people do not have health insurance or programs that pay for health care. How would you describe why your child didn't have health insurance in the 12 months before enrolling in ALL Kids?

1 ☐ Costs too much

2 ☐ My/spouse's employer dropped health care coverage

3 ☐ I or my spouse lost/changed jobs

4 ☐ My child has a pre-existing condition

5 ☐ No longer eligible for Medicaid

6 ☐ I decided to drop coverage and enroll in ALL Kids

7 ☐ Other (please write in) _____

26 Prior to enrolling in the ALL Kids program, for how long was your child <u>without</u> health insurance or programs that paid for health care?

1 ☐ My child has always had health insurance coverage

2 ☐ Less than 6 months

3 ☐ 6-11 months (6 months to less than 1 year)

4 ☐ 12-23 months (more than 1 year to less than 2 years)

5 ☐ 2-5 years

6 ☐ More than 5 years

7 ☐ My child has never had insurance coverage

8 ☐ Other (please tell us): _____

27. In the 12 months prior to enrolling in the ALL Kids program, how much have you worried about your ability to pay for your child's health care?

1 ☐ A great deal
2 ☐ Somewhat
3 ☐ A little
4 ☐ Not at all

28. In the 12 months prior to enrolling in the ALL Kids program, did your child's lack of health insurance lead you to limit your child's activities in any way?

1 ☐ Yes, limited a lot
2 ☐ Yes, limited a little
3 ☐ No, did not limit at all

29. In the 12 months prior to enrolling in ALL Kids, did you have one person or group you thought of as your child's personal doctor or nurse that your child saw when sick?

1 ☐ Yes 2 ☐ No

30. In the 12 months prior to enrolling in ALL Kids, did you have one person or group you thought of as your child's personal doctor or nurse when your child needed routine care or vaccination shots?

1 ☐ Yes 2 ☐ No

31. In the 12 months prior to enrolling in ALL Kids, what type of health care provider did your child usually see?

1 ☐ Private Doctor / Group
2 ☐ Hospital Clinic
3 ☐ County Health Department
4 ☐ Emergency Room /Department
5 ☐ Community Health Center
6 ☐ Other _____

32. In the 12 months prior to enrolling in ALL Kids, how much of a problem, if any, was it to get a personal doctor or nurse for your?

1 ☐ A big problem
2 ☐ Somewhat of a problem
3 ☐ A small problem
4 ☐ Not a problem

33. In the 12 months prior to enrolling in ALL Kids, was there any time when your child needed medical care but could not get it for any reason?

1 ☐ Yes 2 ☐ No

34. The following is a list of possible reasons why people may not be able to get medical care for their children. In the 12 months prior to enrolling in ALL Kids, did any of the following stop you from getting medical care that you or a health provider thought your child needed? (Please check all that apply)

1 ☐ Nothing stopped us from getting care
2 ☐ Our family could not afford it
3 ☐ We had trouble getting an appointment with my child's doctor/clinic
4 ☐ We had to travel too far or had other transportation problems
5 ☐ We did not know where to go at night or on the weekend for care
6 ☐ I/my spouse could not get off of work
7 ☐ There was a language or communication problem
8 ☐ We felt discriminated against
9 ☐ Other (please tell us) _____

35. In the 12 months prior to enrolling in ALL Kids was there any time when you waited for longer than you think you should have to get medical care for your child for any reason?

1 ☐ Yes 2 ☐ No

36 The following is a list of possible reasons why people may have to wait longer than they should have to for medical care for their children. In the 12 months prior to enrolling in ALL Kids were any of the following reasons why you waited longer than you think you should have for medical care that you or a health provider thought your child needed? (please check all that apply)

1 ☐ Nothing stopped us from getting care
2 ☐ Our family could not afford it
3 ☐ We had trouble getting an appointment with my child's doctor/clinic
4 ☐ We had to travel too far or had other transportation problems
5 ☐ We did not know where to go at night or on the weekend for care
6 ☐ I/my spouse could not get off of work
7 ☐ There was a language or communication problem
8 ☐ We felt discriminated against
9 ☐ Other (please tell us) _____

37. In the 12 months prior to enrolling in ALL Kids, 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

5 ☐ My child didn't need care right away for an illness or injury *before* being enrolled in ALL Kids

38. In the 12 months prior to enrolling in ALL Kids, when your child needed routine preventive care (for example, a physical exam or vaccination shots), how often did your child get care as soon as you wanted?

1 ☐ Never

2 ☐ Sometimes

3 ☐ Usually

4 ☐ Always

5 ☐ My child did not need preventive care *before* being enrolled in ALL Kids

39. In the 12 months prior to enrolling in ALL Kids, when your child went to his or her personal doctor or nurse's office or clinic, did the doctor or nurse talk with you about how your child is feeling, growing, or behaving?

1 ☐ Yes

2 ☐ No

3 ☐ My child did not see a personal doctor, nurse, or clinic staff

40 In the 12 months prior to enrolling in ALL Kids, how often did your child go to a hospital emergency room?

1 ☐ Never

2 ☐ 1-2

3 ☐ 3 or more

41. In the 12 months prior to enrolling in ALL Kids, was there any time your child needed dental care but could not get it for any reason?

1 ☐ Yes 2 ☐ No

42. Before enrolling in ALL Kids, was there any time you waited longer than you think you should have to get dental care for any reason?

1 ☐ Yes 2 ☐ No

43 Before ALL Kids, When was your child's last visit to the dentist?

1 ☐ Less than 12 months ago

2 ☐ Between 1 and 2 years ago

3 ☐ More than 2 years ago

4 ☐ My child has never been to the dentist

44. In the 12 months prior to enrolling in ALL Kids, was there any time when your child needed vision care or eyeglasses but <u>could not get it</u> for any reason?

1 ☐ Yes 2 ☐ No

45. In the 12 months prior to enrolling in ALL Kids, was there any time when you <u>waited longer than you think you should have</u> to get vision care or eyeglasses for your child for any reason?

1 ☐ Yes 2 ☐ No

46. Does your child require extra or specialized medical care, therapies, diet supplies, medical equipment, nursing or home health care because of a *special health need*? A *special health care need* may be defined as a special health need that includes problems with behavior, emotion, and thinking, as well as medical or physical illness.

1 ☐ Yes 2 ☐ No

47. Does your child need more assistance than other children the same age with any of the following: eating, dressing, bathing, moving around, going to the bathroom, or playing?

1 ☐ Yes 2 ☐ No

48. Does your child need more assistance than other children the same age with understanding or using language or learning?

1 ☐ Yes 2 ☐ No

49. During the past 12 months, have your child's activities been limited compared to other children the same age because of your child's PHYSICAL health?

1 ☐ Yes, limited a lot

2 ☐ Yes, limited some

3 ☐ Yes, limited a little

4 ☐ No, not limited

50. During the past 12 months, have your child's activities been limited compared to other children the same age because of your child's BEHAVIORAL or EMOTIONAL health?

1 ☐ Yes, limited a lot

2 ☐ Yes, limited some

3 ☐ Yes, limited a little

4 ☐ No, not limited

51. In the 12 months prior to enrolling in ALL Kids was there a time when your child needed care from a specialist but could not get it for any reason?

1 ☐ Yes 2 ☐ No

52. In the 12 months prior to enrolling in ALL Kids, was the specialist your child saw most often the same doctor as your child's personal doctor?

1 ☐ Yes 2 ☐ No

53. In the 12 months prior to enrolling in ALL Kids, was there any time when your child was given a prescription for medicine that you could not fill for any reason?

1 ☐ Yes 2 ☐ No

You have finished the survey. Thank you very much for your time and assistance. Your comments are very valuable to us. If you have any more comments for us, or would like to include something not covered in the survey, please write on the lines below.

_____

_____

_____

_____

_____

_____

_____

_____

_____

May we contact you for additional information in the future?

1 ☐ Yes 2 ☐ No

If yes, please tell us how to best contact you.

Name_____

Telephone number_____

Address _____

City_____ Zip _____

County _____

If you would like more information about ALL Kids please call toll-free 1-888-373-KIDS (5437)