CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP) SURVEY

Child's Name for this Survey: ID number:
Caretaker: PCP:

1. How or where did you hear about the CHIP program for your child? (circle **all** that apply)
   1. Brochure
   2. Poster
   3. Primary Care Provider
   4. Hospital
   5. Tribal Health/I.H.S.
   6. School
   7. Radio
   8. Newspaper article
   9. SD Toll Free Number
   10. Community Health Nurse
   11. Department of Social Services
   12. Child Care Provider
   13. Internet
   14. Other _____

2. Do you recognize the logo up in the left hand corner as being associated with the CHIP program? _____ Yes _____ No

3. Where did you get the CHIP application for your child? Please circle the answer.
   1. Department of Social Services
   2. Community Health Nurse
   3. Doctor's office/clinic
   4. Hospital
   5. Tribal Health
   6. School
   7. Internet
   8. Other_____

4. Did you have any difficulty filling out the application form? Yes_____ No_____
   If yes, please describe: _____

5. Did you have any difficulty with the enrollment process, such as obtaining a form, knowing where to send it? Yes____ No___
   If yes, please describe: _____

6. What is the most important reason you applied? Please circle the answer.
   1. Child would need a check up soon.
   2. Wanted insurance for emergencies or future illness.
   3. Child needed immediate health care services. If so, what type? _____
   4. Wanted insurance for preventative health care for child.
   5. Other_____

7. Sometimes people have difficulties in getting medical care when they need it. Before your child was covered under CHIP did your child go without medical care because of the cost? Yes____ No____ Sometimes_____

8. Where did your child get health care services prior to joining the CHIP program?
   1. Doctor's office
   2. Emergency Clinic
   3. Hospital/Emergency Room
   4. Community Health
   5. Tribal Health/I.H.S.
   6. Other_____

9. Does your employer offer health insurance coverage for dependent children? Yes____ No____ Not applicable_____
   If not applicable please explain (such as not employed, self employed, etc) _____

10. If you are not participating in an employee health insurance plan, what is the main reason you do not have insurance through that plan for this child?
    1. Cost of Premiums
    2. High deductibles
    3. Not available
    4. Do not think it is necessary until needed
    5. Personal choice
    6. Dropped insurance because this program is available
    7. Other_____

11. Has your child had at least one visit for a routine well child check up (a check up that is not related to illness or injury) with their primary care provider since enrollment in CHIP? (Routine well child check ups are recommended) Yes_____ No_____

12. Do you understand that your child's primary care provider will coordinate your child's medical care? Yes____ No_____

13 Does this child that's on the CHIP program have any medical condition that has lasted for at least 3 months? Yes____ No___
    If yes, please list _____ Please list the type of specialist or pediatric specialist seen for this? _____

14. Do you know that a specialist's services are only paid for if you have a referral from your primary care provider? Yes____ No____

PLEASE TURN OVER AND COMPLETE THE OTHER SIDE

15. Has your child had a dental examination since enrolling in the CHIP program? This could include being seen by a dentist, orthodontist, or dental hygienists. Yes_____ No_____ Not seen yet_____
(Dental examinations are recommended yearly starting at age 3 or sooner if you think you child has dental problems)
Before being covered by CHIP did your child need dental care but did not receive it due to cost? Yes_____ No_____

16. Did you have any problems getting a dental appointment? Yes_____ No_____ If Yes please explain _____

17. Has your child had a vision exam since being enrolled in the CHIP program? Yes_____ No_____ Not seen yet_____
(Vision examinations are recommended yearly starting at age 5 or sooner if you think your child has vision problems)
Before being covered by CHIP did your child need vision care but did not receive it due to cost? Yes_____ No_____

18. Has your child had all the recommended immunizations for their age?
Yes_____ No_____ If no, please explain_____

19. Has your child received any mental health services? Yes_____ No_____ If Yes, did you have any problems getting appointments or services for this, please explain_____

20 Has your child received any services for substance abuse (alcohol, drugs, smoking)? Yes____ No____ If Yes, did you have any problems getting appointments or services for this, please explain_____

21. Since your child has been on CHIP are you satisfied with the preventative care (well child check ups, vision and dental care) that you have been able to get? Yes____ No_____ Not seen yet_____ If no, please explain_____

22. Did your child's doctor or other health care provider explain health needs and services in a way you or your child could understand? Yes_____ No_____ Not seen yet_____

23. Do you feel that your Primary Care Provider is providing quality care for your child? Yes_____ No_____ Not seen yet_____
If no, please explain_____

24. Has your child been able to be seen by the provider of your choice since being on CHIP? Yes_____ No____ Not seen yet_____
If no, please explain_____

25. Since your child has been on CHIP, have you been **unable** to get medical care from your child's primary care provider for any of the following reasons, please circle all that apply: _____ No or Not applicable
1. Could not get through on the phone.
2. Once at the clinic had to wait too long to see the doctor.
3. Did not have transportation.
4. Could not get an appointment soon enough for child.
5. Clinic/doctors office was not open when you could get there.
6. Other_____

26. Do you feel you have been treated differently, received a lesser level of service, or experienced discourtesy as a CHIP recipient?
Yes____ No____ If yes please explain_____

27. If you know anyone who might be eligible for CHIP but who has not applied, please circle the reason why you think they have not applied: _____No or Not applicable
1. Do not know about it.
2. Have a language barrier.
3. Need help with the application paperwork
4. Perceive a stigma of welfare about the program.
5. Other_____

The following questions are for statistical purposes only; however, we would appreciate it if you would answer these questions.

28. What is your zip code? _____
29. Please indicate your child's race and ethnicity:

Ethnicity: _____ Check here if Hispanic or Latino

Race (can check more than one): _____ American Indian or Alaska Native _____ Native Hawaiian or Other Pacific Islander
_____ Asian _____ White
_____ Black or African American

Thank you for completing the survey. This survey will have no effect on your eligibility for CHIP. Please write in any comments you may want to share:
_____
_____
_____
_____ Check here **ONLY** if you want to be contacted regarding this survey. Name/Address/Phone where can be reached during the day:
_____

PLEASE RETURN THIS IN THE ENCLOSED ENVELOPE AS SOON AS POSSIBLE. THANK YOU