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

Demographics

1. Name of person completing the survey:

   _____

2. Date completing survey: _____/_____/_____

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 the address label:

   _____

5. Your relationship to that child:

   _____

6. That child's social security number:

   _____

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

8. That child's gender: Male ☐ Female ☐

9. That child's race or ethnic background? Please check one.

   1 ☐ White (Not Hispanic)
   2 ☐ Black or African American (Not Hispanic)
   3 ☐ Hispanic
   4 ☐ Native American
   5 ☐ Asian
   6 ☐ Other _____
   7 ☐ Mixed Race

10. For you child's most recent renewal, please check all you received.
   ☐ Announcement Postcard ☐ Renewal Form
   ☐ Reminder Postcard ☐ Didn't receive anything

11. Do you think the renewal process is easy?
   ☐ Yes, very easy ☐ Yes, somewhat easy ☐ No, not very easy ☐ No, not at all easy

12. Did someone help you fill out the renewal 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 renewal application?
   ☐ No ☐ Yes

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

15. Have you ever contacted 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. Since being enrolled in ALL Kids, have you had any difficulties with any of the following:
   Check all that apply
   ☐ Receiving ALL Kids card
   ☐ Claims payments
   ☐ Finding a doctor
   ☐ Finding a dentist
   ☐ Co- payments
   ☐ Annual premium
   ☐ Other difficulties_____

20. Since being enrolled in ALL Kids, do you find the following statements to be true? Check all that apply

- ☐ My child's health has improved
- ☐ I have greater peace of mind regarding my child's health care
- ☐ We now use doctor offices or clinics rather than emergency rooms
- ☐ Having ALL Kids has not made a difference in my child's life or my life
- ☐ I cannot get the health care my child needs
- ☐ Other _____

21. Would you recommend ALL Kids to other parents?
☐ Yes ☐ No If no, why? _____

22. What would you recommend to make the renewal process easier? _____
_____
_____

23. 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? _____

24. 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? _____

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

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

26. How many months or years in a row has your child been in ALL Kids?

1 ☐ Less than 12 months
2 ☐ 12 to 24 months
3 ☐ 25 – 36 months
4 ☐ More than 3 years

27 At any time during the last 12 months was your child NOT covered by ALL Kids?

1 ☐ Yes 2 ☐ No ⟶ **GO TO QUESTION 30**

28. If yes, how long was child NOT covered?

1 ☐ Less than 1 month
2 ☐ 1 to 3 months
3 ☐ 4 to 6 months
4 ☐ More than 6 months

29. Why was your child NOT covered at any time during the last 12 months?

1 ☐ Received application after reenrollment date
2 ☐ Never received an application
3 ☐ Lost application
4 ☐ Forgot to return application
5 ☐ Non-payment or late payment of premiums
6 ☐ Temporarily ineligible
7 ☐ Other_____

30. Do you have one person or group you think of as your child's personal doctor or nurse that your child sees when sick?

1 ☐ Yes 2 ☐ No

31. Do you have one person or group you think of as your child's personal doctor or nurse when your child needs routine care or vaccination shots?

1 ☐ Yes 2 ☐ No

32. What type of health care provider does your child most often see?

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

33. In the last 12 months, how much of a problem, if any, was it to get a personal doctor or nurse for your child?

1 ☐ A big problem
2 ☐ Somewhat of a problem
3 ☐ A small problem
4 ☐ Not a problem
5 ☐ Child does not have a personal doctor or nurse

34. 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	1	3	4	5	6	7	8	9	10
Worst									Best

11 ☐ My child doesn't have a personal doctor or nurse

35. Was there any time in the last 12 months when your child needed medical care but could not get it for any reason?

1 ☐ Yes 2 ☐ No

36. The following is a list of possible reasons why people may not be able to get medical care for their children.
In the last 12 months, have any of the following stopped 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) _____

37. Was there a time, in the last 12 months, 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

38. 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 past 12 months, 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) _____

39. In the past 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
5 ☐ My child didn't need care right away for an illness or injury in the past 12 months.

40. In the past 12 months, 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 didn't need any preventive care in the past 12 months.

41. In the past 12 months, 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 in the past 12 months.

42. In the past 12 months, how often did your child go to a hospital emergency room?

1 ☐ Never
2 ☐ 1-2 times
3 ☐ 3 or more times

43. In the past 12 months, was there any time your child needed dental care but could not get it for any reason?

1 ☐ Yes 2 ☐ No

44. In the past 12 months, was there any time you waited longer than you think you should have to get dental care for any reason?

1 ☐ Yes 2 ☐ No

45. 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

46. In the past 12 months, 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

47. In the past 12 months, 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

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

1 ☐ Yes 2 ☐ No

49. 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

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

1 ☐ Yes 2 ☐ No

51. 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

52. 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

53. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, mental health doctors, and others who specialize in one area of health care. Was there any time in the past 12 months when your child needed care from a specialist but could not get it for any reason?

1 ☐ Yes 2 ☐ No

54. Is the specialist your child sees most often the same doctor as your child's personal doctor?

1 ☐ Yes
2 ☐ No
3 ☐ Child has not seen a specialist

55. 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 now? Please circle your choice.

0	1	3	4	5	6	7	8	9	10
Worst									Best

11 ☐ My child doesn't have a specialist

56. In the past 12 months, 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

57. In the past 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
5 ☐ I don't know
6 ☐ My child had no visits in the past 12 months

58. In the past 12 months, how often was the 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
5 ☐ I don't know
6 ☐ My child had no visits in the past 12 months

59. In the past 12 months, how often did your child's doctor or other health providers listen carefully to you?

1 ☐ Never
2 ☐ Sometimes
3 ☐ Usually
4 ☐ Always
5 ☐ I don't know
6 ☐ My child had no visits in the past 12 months

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

1 ☐ Never
2 ☐ Sometimes
3 ☐ Usually
4 ☐ Always
5 ☐ I don't know
6 ☐ My child had no visits in the past 12 months

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

1 ☐ Never
2 ☐ Sometimes
3 ☐ Usually
4 ☐ Always
5 ☐ I don't know
6 ☐ My child had no visits in the past 12 months

62. 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	1	3	4	5	6	7	8	9	10
Worst									Best

11 ☐ My child has had no health care visits in the last 12 months

You have finished this 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 Code_____County_____