



Attach label here to seal folded booklet.

# Your Child's Health & Health Care

*What are your experiences with your child's health care?*

Child health care is an area of special interest in MEPS. Please take a few minutes to answer the questions in this booklet about the health and health care of the child named below. The questions should be answered by the adult household member who knows the most about this child's health care.

Complete this booklet for:

RUID: _____	VERSION: _____
NAME: _____	
DOB: _____	PID: _____

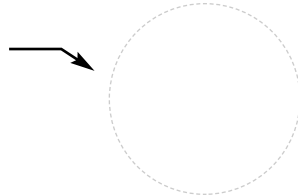
Name of person completing booklet: \_\_\_\_\_

Relationship to child named above: \_\_\_\_\_

**SURVEY INSTRUCTIONS:** Please answer every question by checking one box "✓". If you are unsure about how to answer a question, please give the best answer you can.

Your participation is voluntary and all of your answers will be kept confidential. If you have any questions about this booklet, please call Alex Scott at 1-800-945-MEPS (6377).

When you have completed the booklet, please fold it, seal it with this label, and place it in the envelope provided. Have it ready to give to your interviewer at his or her next visit.



## YOUR CHILD'S HEALTH CARE IN THE LAST 12 MONTHS

1. 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?

Yes.....  1

No .....  2 **GO TO QUESTION 3**

2. In the last 12 months, how often did your child get an appointment for **regular or routine** health care as soon as you wanted?

Never .....  1

Sometimes.....  2

Usually.....  3

Always .....  4

My child didn't need an appointment for regular or routine care in the last 12 months. ....  96

3. 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?

Yes.....  1

No .....  2 **GO TO QUESTION 5**

4. 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?

Never .....  1

Sometimes.....  2

Usually.....  3

Always .....  4

My child didn't need care right away for an illness or injury in the last 12 months. ....  96

5. 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 .....  0

1 .....  1

2 .....  2

3 .....  3

4 .....  4

5 to 9 .....  5

10 or more.....  6

## GETTING NEEDED CARE

6. 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?

A big problem .....  1

A small problem .....  2

Not a problem .....  3

My child had no visits in the last 12 months. ....  96

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

Never .....  1

Sometimes.....  2

Usually.....  3

Always .....  4

I don't know .....  8

My child had no visits in the last 12 months. ....  96

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

Never .....  1

Sometimes.....  2

Usually.....  3

Always .....  4

I don't know .....  8

My child had no visits in the last 12 months. ....  96

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

- Never .....  1
- Sometimes.....  2
- Usually.....  3
- Always .....  4
- I don't know .....  8
- My child had no visits in the last 12 months. ....  96

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

- Never .....  1
- Sometimes.....  2
- Usually.....  3
- Always .....  4
- I don't know .....  8
- My child had no visits in the last 12 months. ....  96

## OVERALL RATING OF CHILD'S HEALTH CARE

11. 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. ....  96

## GETTING HEALTH CARE FROM A SPECIALIST

When answering the next questions, **do not** include dental visits.

12. **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?

- Yes.....  1
- No .....  2 **GO TO QUESTION 14**

13. 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?

- A big problem .....  1
- A small problem .....  2
- Not a problem.....  3
- My child didn't need to see a specialist in the last 12 months. ....  96

## QUESTIONS ABOUT YOUR CHILD'S HEALTH

The next questions are about your child's health needs and whether your child has a health condition. A **health condition** can be physical, mental, or behavioral. **Health conditions** may affect a child's development, daily function, or need for services.

14. Does your child currently need or use **medicine prescribed by a doctor**, other than vitamins?

- Yes.....  1
- No .....  2 **GO TO QUESTION 15**

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

- Yes.....  1
- No .....  2 **GO TO QUESTION 15**

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

- Yes.....  1
- No .....  2

15. Does your child need or use more **medical care, mental health, or educational services** than is usual for most children of the same age?

Yes.....  1  
No .....  2 **▶▶▶▶ GO TO QUESTION 16**

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

Yes.....  1  
No .....  2 **▶▶▶▶ GO TO QUESTION 16**

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

Yes.....  1  
No .....  2

16. 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?

Yes.....  1  
No .....  2 **▶▶▶▶ GO TO QUESTION 17**

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

Yes.....  1  
No .....  2 **▶▶▶▶ GO TO QUESTION 17**

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

Yes.....  1  
No .....  2

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

Yes.....  1  
No .....  2 **▶▶▶▶ GO TO QUESTION 18**

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

Yes.....  1  
No .....  2 **▶▶▶▶ GO TO QUESTION 18**

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

Yes.....  1  
No .....  2

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

Yes.....  1  
No .....  2 **▶▶▶▶ THANK YOU FOR YOUR PARTICIPATION.**

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

Yes.....  1  
No .....  2

***Thank you for taking the time to complete this survey.***

Remember to fold it, seal it, and place it in the envelope provided.

This survey is part of the Medical Expenditure Panel Survey, conducted by the U.S. Public Health Service. This survey is authorized under Section 902(a) of the Public Health Service Act [42 U.S.C. 299a]. The confidentiality of personal information is protected by Federal statute, Section 903(c) and Section 308(d) of the Public Health Service Act [42 U.S.C 299a – 1(c) and 242m(d)]. This law prohibits release of personal information outside the public health agencies sponsoring the survey or their contractors without first obtaining permission from the person who gave the information. The Federal government requires that all persons asked to respond to one of its surveys be given the following information: Public reporting burden for this collection of information is estimated to average 5 minutes per interview, the estimated time required to complete the survey about Your Child's Health and Health Care. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to:

Reports Clearance Officer  
Attention: PRA, United States Public Health Service  
Paperwork Reduction Project (0935-0098)  
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