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# **CAHPS<sup>®</sup> Health Plan Survey 4.0**

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## **Supplemental Items for the Child Questionnaires**

**Language: English**



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**TABLE OF CONTENTS**

Behavioral Health .....	1
Claims Processing .....	1
Chronic Conditions .....	2
Communication.....	2
Covered By Multiple Plans.....	3
Dental Care .....	3
Health Plan .....	4
HEDIS® Set .....	5
Interpreter .....	7
Medicaid Enrollment .....	8
Personal Doctor .....	9
Quality Improvement .....	10
Access to Routine Care .....	10
Access to Specialist Care .....	11
After Hours Care .....	12
Calls to Personal Doctor's Office .....	13
Coordination of Care from Other Health Providers .....	14
Customer Service .....	15
Health Plan Information and Materials .....	16
Referrals .....	18
Specialized Services .....	19
Transportation .....	19
Utilization .....	20
Well-Child Care .....	21

## Important instructions

**Placing Supplemental Items in the Core Questionnaires.** After you copy one or more supplemental items into the core questionnaire:

- **Fix the formatting** of the items as needed to fit into the two-column format.
- **Renumber** the supplemental item and **ALL** subsequent items so that they are consecutive.
- **Revise ALL skip instructions** in the questionnaire to make sure they point the respondent to the correct item number.

**Definition of Health Providers.** If you choose to use one or more supplemental items that refer to other health providers, please insert this definition before the first of these items: “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.”

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**Behavioral Health**

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**Insert MH1 before core question 23. For Medicaid, reference period should be stated as “In the last 6 months.”**

**MH1.** In general, how would you rate your child’s overall **mental or emotional health**?

- <sup>1</sup> ☐ Excellent
- <sup>2</sup> ☐ Very good
- <sup>3</sup> ☐ Good
- <sup>4</sup> ☐ Fair
- <sup>5</sup> ☐ Poor

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**Claims Processing**

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**Insert CP1 – CP3 before core question 23. For Medicaid, reference period should be stated as “In the last 6 months.”**

**CP1.** Claims are sent to a health plan for payment. You may send in the claims yourself or doctors, hospitals, or others may do this for your child.

In the last 12 months, did you or anyone else send in any claims for your child’s care to his or her health plan?

- <sup>1</sup> ☐ Yes
- <sup>2</sup> ☐ No → **If No, go to core question 23**
- ☐ Don’t Know → **If Don’t Know, go to core question 23**

**CP2.** In the last 12 months, how often did the health plan handle your child’s claims correctly?

- <sup>1</sup> ☐ Never
- <sup>2</sup> ☐ Sometimes
- <sup>3</sup> ☐ Usually
- <sup>4</sup> ☐ Always
- ☐ Don’t Know

**CP3.** In the last 12 months, before your child went for care, how often did the health plan make it clear how much you would have to pay?

- <sup>1</sup> ☐ Never
- <sup>2</sup> ☐ Sometimes
- <sup>3</sup> ☐ Usually
- <sup>4</sup> ☐ Always

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## Chronic Conditions

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The items for children with chronic conditions are incorporated into the 4.0 version of the Child Medicaid Questionnaire. Sponsors of the Child Commercial Questionnaire are welcome to add those items, following the pattern shown in the Medicaid version. For more information about this item set, visit [https://www.cahps.ahrq.gov/content/products/CCC/PROD\\_CCC\\_Intro.asp](https://www.cahps.ahrq.gov/content/products/CCC/PROD_CCC_Intro.asp).

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## Communication

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**Insert C1 after core question 11. For Medicaid, reference period should be stated as “In the last 6 months.”**

**C1.** In the last 12 months, how often did you have a hard time speaking with or understanding your child’s personal doctor because you spoke different languages?

- <sup>1</sup> ☐ Never  
<sup>2</sup> ☐ Sometimes  
<sup>3</sup> ☐ Usually  
<sup>4</sup> ☐ Always

**Insert C2 after core question 15. For Medicaid, reference period should be stated as “In the last 6 months.”**

**C2.** In the last 12 months, how often did **your child** have a hard time speaking with or understanding his or her personal doctor because they spoke different languages?

- <sup>1</sup> ☐ Never  
<sup>2</sup> ☐ Sometimes  
<sup>3</sup> ☐ Usually  
<sup>4</sup> ☐ Always

**Insert C3 – C5 after core question 7. If using the items for children with chronic conditions (CC1 – CC4 in the Child Medicaid Questionnaire), insert before those items. For Medicaid, reference period should be stated as “In the last 6 months.”**

**C3.** In the last 12 months, did you have any questions or concerns about your child’s health or health care?

- <sup>1</sup> ☐ Yes  
<sup>2</sup> ☐ No → **If No, go to core question 19**

**C4.** In the last 12 months, how often did your child's doctors or other health providers make it easy for you to discuss your questions or concerns?

- <sup>1</sup> ☐ Never  
<sup>2</sup> ☐ Sometimes  
<sup>3</sup> ☐ Usually  
<sup>4</sup> ☐ Always

**C5.** In the last 12 months, how often did you get the specific information you needed from your child's doctors or other health providers?

- <sup>1</sup> ☐ Never  
<sup>2</sup> ☐ Sometimes  
<sup>3</sup> ☐ Usually  
<sup>4</sup> ☐ Always

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### **Covered By Multiple Plans**

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**Insert MP1 after core question 3.**

**MP1.** Not counting dental insurance, is your child covered by any other health plan?

- <sup>1</sup> ☐ Yes  
<sup>2</sup> ☐ No

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### **Dental Care\***

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**Insert D1 – D3 after core question 8. For Medicaid, reference period should be stated as “In the last 6 months.”**

**D1.** In the last 12 months, did your child get care from a dentist's office or dental clinic?

- <sup>1</sup> ☐ Yes  
<sup>2</sup> ☐ No → **If No, go to core question 9**

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\* The CAHPS family of products includes a CAHPS Dental Plan Survey. For more information, go to [https://www.cahps.ahrq.gov/content/products/Dental/PROD\\_Dental\\_Intro.asp](https://www.cahps.ahrq.gov/content/products/Dental/PROD_Dental_Intro.asp).

**D2.** In the last 12 months, how many times did your child go to a dentist's office or dental clinic for care?

- ☐ None → **If None, go to core question 9**
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5 to 9
- ☐ 10 or more

**D3.** Using any number from 0 to 10, where 0 is the worst dental care possible and 10 is the best dental care possible, what number would you use to rate all your child's dental care in the last 12 months?

- ☐ 0 Worst dental care possible
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10 Best dental care possible

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## Health Plan

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**Insert HP1 after core question 2.**

**HP1.** How many months or years **in a row** has your child been in this health plan?

- <sup>1</sup>☐ Less than 1 year
- <sup>2</sup>☐ At least 1 year but less than 2 years
- <sup>3</sup>☐ At least 2 years but less than 5 years
- <sup>4</sup>☐ At least 5 years but less than 10 years
- <sup>5</sup>☐ 10 years or more

**Insert HP2 – HP3 after core question 24. For Medicaid, reference period should be stated as “In the last 6 months.”**

**HP2.** In the last 12 months, did you look for any information in written materials or on the Internet about how your child’s health plan works?

<sup>1</sup> ☐ Yes

<sup>2</sup> ☐ No → **If No, go to core question 25**

**HP3.** In the last 12 months, how often did the written materials or the Internet provide the information you needed about how your child’s health plan works?

<sup>1</sup> ☐ Never

<sup>2</sup> ☐ Sometimes

<sup>3</sup> ☐ Usually

<sup>4</sup> ☐ Always

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## **HEDIS® Set**

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The HEDIS Set is composed of items that the National Committee for Quality Assurance (NCQA) added to the core questionnaire to create their version of the CAHPS Health Plan Survey, known as CAHPS 4.0H. Survey sponsors can add these items to their questionnaire whether or not they are submitting results to NCQA. Please note that some of these items are repeated in other supplemental sets.

**Insert H1 – H4 after core question 7. For Medicaid, reference period should be stated as “In the last 6 months.”**

**H1.** In the last 12 months, how often did you and your child’s doctor or other health provider talk about specific things you could do to prevent illness in your child?

<sup>1</sup> ☐ Never

<sup>2</sup> ☐ Sometimes

<sup>3</sup> ☐ Usually

<sup>4</sup> ☐ Always

**H2.** Choices for your child’s treatment or health care can include choices about medicine, surgery, or other treatment. In the last 12 months, did your child’s doctor or other health provider tell you there was more than one choice for your child’s treatment or health care?

<sup>1</sup> ☐ Yes

<sup>2</sup> ☐ No → **If No, go to core question 8**



**H3.** In the last 12 months, did your child's doctor or other health provider talk with you about the pros and cons of each choice for your child's treatment or health care?

- <sup>1</sup> ☐ Definitely yes
- <sup>2</sup> ☐ Somewhat yes
- <sup>3</sup> ☐ Somewhat no
- <sup>4</sup> ☐ Definitely no

**H4.** In the last 12 months, when there was more than one choice for your child's treatment or health care, did your child's doctor or other health provider ask which choice you thought was best for your child?

- <sup>1</sup> ☐ Definitely yes
- <sup>2</sup> ☐ Somewhat yes
- <sup>3</sup> ☐ Somewhat no
- <sup>4</sup> ☐ Definitely no

**Insert H5 – H6 after core question 17. For Medicaid, reference period should be stated as “In the last 6 months.”**

**H5.** In the last 12 months, did your child get care from a doctor or other health provider besides his or her personal doctor?

- <sup>1</sup> ☐ Yes
- <sup>2</sup> ☐ No → **If No, go to core question 18**

**H6.** In the last 12 months, how often did your child's personal doctor seem informed and up-to-date about the care your child got from these doctors or other health providers?

- <sup>1</sup> ☐ Never
- <sup>2</sup> ☐ Sometimes
- <sup>3</sup> ☐ Usually
- <sup>4</sup> ☐ Always

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**Interpreter**

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**Insert I1 – I4 after core question 8. For Medicaid, reference period should be stated as “In the last 6 months.”**

- I1.** An interpreter is someone who repeats or signs what one person says in a language used by another person. In the last 12 months, did you need an interpreter to help you speak with your child’s doctors or other health providers?

<sup>1</sup> ☐ Yes

<sup>2</sup> ☐ No → **If No, go to core question 9**

- I2.** In the last 12 months, when you needed an interpreter to help you speak with your child’s doctors or other health providers, how often did you get one?

<sup>1</sup> ☐ Never

<sup>2</sup> ☐ Sometimes

<sup>3</sup> ☐ Usually

<sup>4</sup> ☐ Always

- I3.** In the last 12 months, did **your child** need an interpreter to help him or her speak with doctors or other health providers?

<sup>1</sup> ☐ Yes

<sup>2</sup> ☐ No → **If No, go to core question 9**

- I4.** In the last 12 months, when **your child** needed an interpreter to help him or her speak with doctors or other health providers, how often did your child get one?

<sup>1</sup> ☐ Never

<sup>2</sup> ☐ Sometimes

<sup>3</sup> ☐ Usually

<sup>4</sup> ☐ Always

**Insert I5 – I6 after core question 38.**

- I5.** What language do you **mainly** speak at home?

<sup>1</sup> ☐ English

<sup>2</sup> ☐ [INSERT LANGUAGE 2]

<sup>3</sup> ☐ [INSERT LANGUAGE 3]

<sup>4</sup> ☐ [INSERT LANGUAGE 4]

**I6.** What language does **your child** mainly speak at home?

- <sup>1</sup> ☐ English  
<sup>2</sup> ☐ [INSERT LANGUAGE 2]  
<sup>3</sup> ☐ [INSERT LANGUAGE 3]  
<sup>4</sup> ☐ [INSERT LANGUAGE 4]

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## Medicaid Enrollment

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**Insert ME1 – ME4 after core question 30. If you are including both ME1 and ME3 in your questionnaire, change the skip instruction for ME1 to “No → If No, go to question ME3.”**

**ME1.** Some states pay health plans to care for people covered by {Medicaid/State name for Medicaid}. With these health plans, you may have to choose your child’s doctor from the plan list or take your child to a clinic or health care center on the plan list.

Is your child covered by a health plan like this?

- <sup>1</sup> ☐ Yes  
<sup>2</sup> ☐ No → **If No, go to core question 31**

**ME2.** Did you choose your child’s health plan or were you told which plan your child was in?

- <sup>1</sup> ☐ I chose my child’s plan.  
<sup>2</sup> ☐ I was told which plan my child was in.

**ME3.** You can get information about your child’s health plan in writing, by telephone, on the Internet, or in-person. Did you get any information about the health plan **before** you signed your child up for it?

- <sup>1</sup> ☐ Yes  
<sup>2</sup> ☐ No → **If No, go to core question 31**

**ME4.** How much of the information you were given before you signed your child up for the plan was correct?

- <sup>1</sup> ☐ All of it  
<sup>2</sup> ☐ Most of it  
<sup>3</sup> ☐ Some of it  
<sup>4</sup> ☐ None of it

**Insert ME5 after core question 39.**

**ME5.** Are you listed as the child's payee or guardian on Medicaid records?

<sup>1</sup> ☐ Yes

<sup>2</sup> ☐ No

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**Personal Doctor**

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**Insert PD1 – PD2 after core question 18.**

**PD1.** Did your child have the same personal doctor **before** he or she joined this health plan?

<sup>1</sup> ☐ Yes → **If Yes, go to core question 19**

<sup>2</sup> ☐ No

**PD2.** Since your child joined this health plan, how often was it easy it to get a personal doctor for him or her that you are happy with?

<sup>1</sup> ☐ Never

<sup>2</sup> ☐ Sometimes

<sup>3</sup> ☐ Usually

<sup>4</sup> ☐ Always

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**Quality Improvement**

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For Medicaid, reference period should be stated as “In the last 6 months.”

**Access to Routine Care**

**Insert AR1 – AR2 after core question 6. Please refer to instructions at the front of this document about defining “health providers.”**

**AR1.** In the last 12 months, **not** counting the times your child needed health care right away, how many days did you usually have to wait between making an appointment and your child actually seeing a health provider?

- <sup>1</sup> ☐ Same day
- <sup>2</sup> ☐ 1 day
- <sup>3</sup> ☐ 2 to 3 days
- <sup>4</sup> ☐ 4 to 7 days
- <sup>5</sup> ☐ 8 to 14 days
- <sup>6</sup> ☐ 15 to 30 days
- <sup>7</sup> ☐ 31 to 60 days
- <sup>8</sup> ☐ 61 to 90 days
- <sup>9</sup> ☐ 91 days or longer

**AR2.** In the last 12 months, how often did your child have to wait for an appointment because the health provider you wanted him or her to see worked limited hours or had few available appointments?

- <sup>1</sup> ☐ Never
- <sup>2</sup> ☐ Sometimes
- <sup>3</sup> ☐ Usually
- <sup>4</sup> ☐ Always

## Access to Specialist Care

**Insert AS1 after core question 20, which should be modified to include the skip instructions presented below.**

**20.** In the last 12 months, how often was it easy to get appointments for your child with specialists?

- <sup>1</sup> ☐ Never  
<sup>2</sup> ☐ Sometimes  
<sup>3</sup> ☐ Usually  
<sup>4</sup> ☐ Always → **If Always, go to core question 21**

**AS1 was designed for and tested with a commercial population using primarily a self-administered format. Item wording and format may not be appropriate for other modes of administration or other populations (e.g., Medicaid, Medicare, low literacy).**

**AS1.** Were any of the following a reason it was not easy to get an appointment for your child with a specialist?

- |  | <u>Yes</u>                            | <u>No</u>                             |
|--|---------------------------------------|---------------------------------------|
| a) Your child's doctor did not think he or she needed to see a specialist                      | <sup>1</sup> <input type="checkbox"/> | <sup>2</sup> <input type="checkbox"/> |
| b) Your child's health plan approval or authorization was delayed                              | <sup>1</sup> <input type="checkbox"/> | <sup>2</sup> <input type="checkbox"/> |
| c) You weren't sure where to find a list of specialists in your child's health plan or network | <sup>1</sup> <input type="checkbox"/> | <sup>2</sup> <input type="checkbox"/> |
| d) The specialists you had to choose from for your child were too far away                     | <sup>1</sup> <input type="checkbox"/> | <sup>2</sup> <input type="checkbox"/> |
| e) You did not have enough specialists to choose from for your child                           | <sup>1</sup> <input type="checkbox"/> | <sup>2</sup> <input type="checkbox"/> |
| f) The specialist you wanted did not belong to your child's health plan or network             | <sup>1</sup> <input type="checkbox"/> | <sup>2</sup> <input type="checkbox"/> |
| g) You could not get an appointment for your child at a time that was convenient               | <sup>1</sup> <input type="checkbox"/> | <sup>2</sup> <input type="checkbox"/> |
| h) Some other reason   | <sup>1</sup> <input type="checkbox"/> | <sup>2</sup> <input type="checkbox"/> |

*Please specify:* \_\_\_\_\_

\_\_\_\_\_

**After Hours Care****Insert AH1 – AH3 after core question 8.**

**AH1.** After hours care is health care when your child's usual doctor's office or clinic is closed. In the last 12 months, did your child need to visit a doctor's office or clinic for after hours care?

<sup>1</sup> ☐ Yes

<sup>2</sup> ☐ No → **If No, go to core question 9**

**AH2.** In the last 12 months, how often was it easy to get the after hours care you thought you needed for your child?

<sup>1</sup> ☐ Never

<sup>2</sup> ☐ Sometimes

<sup>3</sup> ☐ Usually

<sup>4</sup> ☐ Always → **If Always, go to core question 9**

**AH3 was designed for and tested with a commercial population using primarily a self-administered format. Item wording and format may not be appropriate for other modes of administration or other populations (e.g., Medicaid, Medicare, low literacy).**

**AH3.** Were any of the following a reason it was not easy to get the after hours care you thought you needed for your child?

- |   | <u>Yes</u>                            | <u>No</u>                             |
|---|---------------------------------------|---------------------------------------|
| a) You did not know where to go for after hours care  | <sup>1</sup> <input type="checkbox"/> | <sup>2</sup> <input type="checkbox"/> |
| b) You weren't sure where to find a list of doctor's offices or clinics in your child's health plan or network that are open for after hours care | <sup>1</sup> <input type="checkbox"/> | <sup>2</sup> <input type="checkbox"/> |
| c) The doctor's office or clinic that had after hours care was too far away   | <sup>1</sup> <input type="checkbox"/> | <sup>2</sup> <input type="checkbox"/> |
| d) Office or clinic hours for after hours care did not meet your needs  | <sup>1</sup> <input type="checkbox"/> | <sup>2</sup> <input type="checkbox"/> |
| e) Some other reason  | <sup>1</sup> <input type="checkbox"/> | <sup>2</sup> <input type="checkbox"/> |

*Please specify:* \_\_\_\_\_

\_\_\_\_\_

**Calls to Personal Doctor's Office**

**Insert C1 – C5 after core questionnaire 17. For Medicaid, reference period should be stated as “In the last 6 months.”**

**CO1.** In the last 12 months, did you phone your child's personal doctor's office **during** regular office hours to get help or advice for your child?

<sup>1</sup> ☐ Yes

<sup>2</sup> ☐ No → **If No, go to question CO3**

**CO2.** In the last 12 months, when you phoned during regular office hours, how often did you get the help or advice you needed for your child?

<sup>1</sup> ☐ Never

<sup>2</sup> ☐ Sometimes

<sup>3</sup> ☐ Usually

<sup>4</sup> ☐ Always

**CO3.** In the last 12 months, did you phone your child's personal doctor's office **after** regular office hours to get help or advice for your child?

<sup>1</sup> ☐ Yes

<sup>2</sup> ☐ No → **If No, go to core question 18**

**CO4.** In the last 12 months, when you phoned after regular office hours, how often did you get the help or advice you needed for your child?

<sup>1</sup> ☐ Never

<sup>2</sup> ☐ Sometimes

<sup>3</sup> ☐ Usually

<sup>4</sup> ☐ Always → **If Always, go to core question 18**



**CO5 was designed for and tested with a commercial population using primarily a self-administered format. Item wording and format may not be appropriate for other modes of administration or other populations (e.g., Medicaid, Medicare, low literacy).**

**CO5.** Were any of the following a reason you did not get the help or advice you thought you needed for your child when you phoned after regular office hours?

- |   | <u>Yes</u>                            | <u>No</u>                             |
|---|---------------------------------------|---------------------------------------|
| a) You did not know what number to call                         | <sup>1</sup> <input type="checkbox"/> | <sup>2</sup> <input type="checkbox"/> |
| b) You left a message but no one returned your call             | <sup>1</sup> <input type="checkbox"/> | <sup>2</sup> <input type="checkbox"/> |
| c) You could not leave a message at the number you phoned       | <sup>1</sup> <input type="checkbox"/> | <sup>2</sup> <input type="checkbox"/> |
| d) Another doctor was covering for your child's personal doctor | <sup>1</sup> <input type="checkbox"/> | <sup>2</sup> <input type="checkbox"/> |
| e) Some other reason  | <sup>1</sup> <input type="checkbox"/> | <sup>2</sup> <input type="checkbox"/> |

*Please specify:* \_\_\_\_\_

### Coordination of Care from Other Health Providers

**Insert OHP1 – OHP5 after core question item 17. Please refer to instructions at the front of this document about defining “health providers.”**

**OHP1.** In the last 12 months, did your child get care from a doctor or other health provider besides his or her personal doctor?

<sup>1</sup>☐ Yes

<sup>2</sup>☐ No → **If No, go to core question 18**

**OHP2.** In the last 12 months, how often did your child's personal doctor seem informed and up-to-date about the care your child got from these doctors or other health providers?

<sup>1</sup>☐ Never

<sup>2</sup>☐ Sometimes

<sup>3</sup>☐ Usually

<sup>4</sup>☐ Always

**OHP3.** In the last 12 months, did anyone from your child's health plan, doctor's office, or clinic help coordinate your child's care among these doctors or other health providers?

<sup>1</sup>☐ Yes

<sup>2</sup>☐ No → **If No, go to core question 18**

**OHP4.** In the last 12 months, who helped to coordinate your child's care?

- <sup>1</sup> ☐ Someone from your child's health plan
- <sup>2</sup> ☐ Someone from your child's doctor's office or clinic
- <sup>3</sup> ☐ Someone from another organization
- <sup>4</sup> ☐ A friend or family member
- <sup>5</sup> ☐ You

**OHP5.** How satisfied are you with the help you got to coordinate your child's care in the last 12 months?

- <sup>1</sup> ☐ Very dissatisfied
- <sup>2</sup> ☐ Dissatisfied
- <sup>3</sup> ☐ Neither dissatisfied nor satisfied
- <sup>4</sup> ☐ Satisfied
- <sup>5</sup> ☐ Very satisfied

### **Customer Service**

**Insert CS1 – CS2 after core question 26, which should be modified to include the skip instructions presented below. Core question 27 also provides useful drill-down data on consumer encounters with customer service.**

**26.** In the last 12 months, how often did customer service at your child's health plan give you the information or help you needed?

- <sup>1</sup> ☐ Never
- <sup>2</sup> ☐ Sometimes
- <sup>3</sup> ☐ Usually
- <sup>4</sup> ☐ Always → **If Always, go to question CS2**

**CS1 was designed for and tested with a commercial population using primarily a self-administered format. Item wording and format may not be appropriate for other modes of administration or other populations (e.g., Medicaid, Medicare, low literacy).**

**CS1.** Were any of the following a reason you did not get the information or help you needed from customer service at your child's health plan?

- |  | <u>Yes</u>                            | <u>No</u>                             |
|--|---------------------------------------|---------------------------------------|
| a) You had to call several times before you could speak with someone | <sup>1</sup> <input type="checkbox"/> | <sup>2</sup> <input type="checkbox"/> |
| b) The information customer service gave you was not correct         | <sup>1</sup> <input type="checkbox"/> | <sup>2</sup> <input type="checkbox"/> |
| c) Customer service did not have the information you needed          | <sup>1</sup> <input type="checkbox"/> | <sup>2</sup> <input type="checkbox"/> |
| d) You waited too long for someone to call you back                  | <sup>1</sup> <input type="checkbox"/> | <sup>2</sup> <input type="checkbox"/> |
| e) No one called you back  | <sup>1</sup> <input type="checkbox"/> | <sup>2</sup> <input type="checkbox"/> |
| f) Some other reason   | <sup>1</sup> <input type="checkbox"/> | <sup>2</sup> <input type="checkbox"/> |

*Please specify:* \_\_\_\_\_

**CS2.** How many calls did it take for you to get the help or information you needed from customer service at your child's health plan?

- <sup>1</sup>☐ 1 call
- <sup>2</sup>☐ 2
- <sup>3</sup>☐ 3
- <sup>4</sup>☐ 4
- <sup>5</sup>☐ 5 or more calls
- <sup>6</sup>☐ You are still waiting for help

### Health Plan Information and Materials

**Insert PW1 – PW8 after core question 24. If you use PW4 or PW8, please refer to instructions at the front of this document about defining “health providers.”**

**PW1.** In the last 12 months, did you look for any information in written materials or on the Internet about how your child's health plan works?

- <sup>1</sup>☐ Yes
- <sup>2</sup>☐ No → **If No, go to core question 25**

**PW2.** In the last 12 months, how often did the written materials or the Internet provide the information you needed about how your child's health plan works?

- <sup>1</sup> ☐ Never  
<sup>2</sup> ☐ Sometimes  
<sup>3</sup> ☐ Usually  
<sup>4</sup> ☐ Always

**PW3.** In the last 12 months, how often was it easy to use the information on how your child's health plan works?

- <sup>1</sup> ☐ Never  
<sup>2</sup> ☐ Sometimes  
<sup>3</sup> ☐ Usually  
<sup>4</sup> ☐ Always → If Always, go to question PW6

**PW4 and PW5 were designed for and tested with a commercial population using primarily a self-administered format. Item wording and format may not be appropriate for other modes of administration or other populations (e.g., Medicaid, Medicare, low literacy).**

**PW4.** What kind of information was **not** easy to use?

- |  | <u>Yes</u>                            | <u>No</u>                             |
|--|---------------------------------------|---------------------------------------|
| a) Benefits and coverage for doctor or specialist visits | <sup>1</sup> <input type="checkbox"/> | <sup>2</sup> <input type="checkbox"/> |
| b) Benefits and coverage for pharmacy                    | <sup>1</sup> <input type="checkbox"/> | <sup>2</sup> <input type="checkbox"/> |
| c) Getting a referral to a specialist                    | <sup>1</sup> <input type="checkbox"/> | <sup>2</sup> <input type="checkbox"/> |
| d) After hours or urgent care                            | <sup>1</sup> <input type="checkbox"/> | <sup>2</sup> <input type="checkbox"/> |
| e) Choosing a health provider                            | <sup>1</sup> <input type="checkbox"/> | <sup>2</sup> <input type="checkbox"/> |
| f) Getting care outside your child's network             | <sup>1</sup> <input type="checkbox"/> | <sup>2</sup> <input type="checkbox"/> |
| g) Something else  | <sup>1</sup> <input type="checkbox"/> | <sup>2</sup> <input type="checkbox"/> |

*Please specify:* \_\_\_\_\_

\_\_\_\_\_

**PW5.** Where did you get that information? Mark one or more.

- |                              | <u>Yes</u>                            | <u>No</u>                             |
|------------------------------|---------------------------------------|---------------------------------------|
| a) From your health plan     | <sup>1</sup> <input type="checkbox"/> | <sup>2</sup> <input type="checkbox"/> |
| b) From your employer        | <sup>1</sup> <input type="checkbox"/> | <sup>2</sup> <input type="checkbox"/> |
| c) From your doctor's office | <sup>1</sup> <input type="checkbox"/> | <sup>2</sup> <input type="checkbox"/> |
| d) From some other source    | <sup>1</sup> <input type="checkbox"/> | <sup>2</sup> <input type="checkbox"/> |
| e) Not sure where you got it | <sup>1</sup> <input type="checkbox"/> | <sup>2</sup> <input type="checkbox"/> |

**PW6.** When you looked for information in the last 12 months, did you go to your child's health plan's Internet site?

<sup>1</sup> ☐ Yes

<sup>2</sup> ☐ No → **If No, go to core question 25**

**PW7.** How useful was the information you found on your child's health plan's Internet site?

<sup>1</sup> ☐ Not at all useful

<sup>2</sup> ☐ A little useful

<sup>3</sup> ☐ Somewhat useful

<sup>4</sup> ☐ Very useful

**PW8.** In the last 12 months, did you use information on your child's health plan's Internet site to choose a doctor, specialist, or group of health providers for your child?

<sup>1</sup> ☐ Yes

<sup>2</sup> ☐ No

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## Referrals

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**Insert R1 before core question 20. For Medicaid, reference period should be stated as "In the last 6 months."**

**R1.** In the last 12 months, how often was it easy to get a referral to a specialist that your child needed to see?

<sup>1</sup> ☐ Never

<sup>2</sup> ☐ Sometimes

<sup>3</sup> ☐ Usually

<sup>4</sup> ☐ Always

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**Specialized Services**

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**Insert SS1 – SS2 after core question 8. For Medicaid, reference period should be stated as “In the last 6 months.”**

**SS1.** Home health care or assistance can include home nursing or help with feeding, bathing, or dressing your child.

In the last 12 months, did you need someone to come into your home to give your child home health care or assistance?

<sup>1</sup> ☐ Yes

<sup>2</sup> ☐ No → **If No, go to core question 9**

**SS2.** In the last 12 months, how often was it easy to get home health care or assistance for your child through his or her health plan?

<sup>1</sup> ☐ Never

<sup>2</sup> ☐ Sometimes

<sup>3</sup> ☐ Usually

<sup>4</sup> ☐ Always

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**Transportation**

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**Insert T1 – T3 after core question 30. For Medicaid, reference period should be stated as “In the last 6 months.”**

**T1.** Some health plans help with transportation for your child to get to doctors’ offices or clinics. This help can be a shuttle bus, tokens or vouchers for a bus or taxi, or payments for mileage.

In the last 12 months, did you phone your child’s health plan to get help with transportation for your child?

<sup>1</sup> ☐ Yes

<sup>2</sup> ☐ No → **If No, go to core question 31**

**T2.** In the last 12 months, when you phoned your child’s health plan to get help with transportation, how often did you get it?

<sup>1</sup> ☐ Never → **If Never, go to core question 31**

<sup>2</sup> ☐ Sometimes

<sup>3</sup> ☐ Usually

<sup>4</sup> ☐ Always

**T3.** In the last 12 months, how often did the help with transportation for your child meet your needs?

- <sup>1</sup> ☐ Never  
<sup>2</sup> ☐ Sometimes  
<sup>3</sup> ☐ Usually  
<sup>4</sup> ☐ Always

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**Utilization**

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**Insert UT1 after core question 6. For Medicaid, reference period should be stated as “In the last 6 months.”**

**UT1.** In the last 12 months, how many times did your child go to an emergency room for care?

- ☐ None  
☐ 1  
☐ 2  
☐ 3  
☐ 4  
☐ 5 to 9  
☐ 10 or more

**Insert UT2 after core question 22. For Medicaid, reference period should be stated as “In the last 6 months.”**

**UT2.** In the last 12 months, was the specialist your child saw most often the same doctor as your child’s personal doctor?

- <sup>1</sup> ☐ Yes  
<sup>2</sup> ☐ No

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**Well-Child Care**

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**Insert WC1 – WC4 after core question 8. For Medicaid, reference period should be stated as “In the last 6 months.” Questions WC1 – WC4 should be asked about children age 2 or younger. If you use WC3, please refer to instructions at the front of this document about defining “health providers.”**

**WC1.** Is your child 2 years old or younger?

<sup>1</sup> ☐ Yes

<sup>2</sup> ☐ No → **If No, go to core question 9**

**WC2.** Reminders from the doctor’s office or clinic or from the health plan can come to you by mail, by telephone, or in-person during a visit.

After your child was born, did you get any reminders to bring him or her in for a check-up to see how he or she was doing or for shots or drops?

<sup>1</sup> ☐ Yes

<sup>2</sup> ☐ No

**WC3.** Since your child was born, has he or she gone to a doctor or other health provider for a check-up or for shots or drops?

<sup>1</sup> ☐ Yes

<sup>2</sup> ☐ No → **If No, go to core question 9**

**WC4.** Did you get an appointment for your child’s visit for a check-up, or for shots or drops, as soon as you thought he or she needed it?

<sup>1</sup> ☐ Yes

<sup>2</sup> ☐ No