



We at Pediatric and Adolescent Health Partners need your help!

As we transform our practice to better serve your needs, we would like to learn more about your experience here.

Your Privacy is Protected. All information that would let someone identify you or your family will be kept private. Pediatric and Adolescents Health Partners will not share your personal information with anyone without your OK. Your responses to this survey are also completely **confidential**.

Your Participation is Voluntary. You may choose to answer this survey or not. If you choose not to, this will not affect the health care you get.

What To Do When You're Done. Once you complete the survey, place it in the Box located at the Reception counter or place it in the envelope that was provided, seal the envelope, and return the envelope to **13821 Village Mill Drive, Midlothian VA 23114**. If you chose not to use the envelope provide please return it to the front desk.

If you want to know more about this study, please call Dr. Scott Keel at 804 393 4214

Survey Instructions

Answer each question by marking the box to the left of your answer.

You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

Yes → **If Yes, go to #1 on page 1**

No

Please answer the questions for the child listed on the envelope. Please do not answer for any other children.

Your Child's Provider

1. Our records show that your child got care from the provider named below in the last 12 months.

Dr. Abernathy¹
Dr. Blakey²
Dr. Mills³
Dr. Everett⁴
Dr. Mulreany⁵
Dr. Seliskar⁶
Dr. Gewanter⁷
Dr. Seliskar⁸
Dr. Garrity⁹
Dr. Mason¹⁰
Dr. Henderson¹¹
Katie Bailey NP¹²
Sarah Trezza PA¹³

Is that right?

- ¹ Yes
² No → **If No, go to #28 on page 5**

The questions in this survey will refer to the provider named in Question 1 as "this provider." Please think of that person as you answer the survey.

2. Is this the provider you usually see if your child needs a check-up, has a health problem, or gets sick or hurt?

- ¹ Yes
² No

3. How long has your child been going to this provider?

- ¹ Less than 6 months
² At least 6 months but less than 1 year
³ At least 1 year but less than 3 years
⁴ At least 3 years but less than 5 years
⁵ 5 years or more

Your Child's Care From This Provider in the Last 12 Months

These questions ask about **your child's** health care. Do **not** include care your child got when he or she stayed overnight in a hospital. Do **not** include the times your child went for dental care visits.

4. In the last 12 months, how many times did your child visit this provider for care?

None → **If None, go to #28 on page 5**

- 1 time
2
3
4
5 to 9
10 or more times

5. In the last 12 months, did you ever stay in the exam room with your child during a visit to this provider?

- ¹ Yes → **If Yes, go to #7**
² No

6. Did this provider give you enough information about what was discussed during the visit when you were not there?

1 Yes → **If Yes, go to #10**

2 No → **If No, go to #10**

7. Is your child able to talk with providers about his or her health care?

1 Yes

2 No → **If No, go to #10**

8. In the last 12 months, how often did this provider explain things in a way that was easy for **your child** to understand?

1 Never

2 Sometimes

3 Usually

4 Always

9. In the last 12 months, how often did this provider listen carefully to **your child**?

1 Never

2 Sometimes

3 Usually

4 Always

10. Did this provider tell you that you needed to do anything to follow up on the care your child got during the visit?

1 Yes

2 No → **If No, go to #12**

11. Did this provider give you enough information about what you needed to do to follow up on your child's care?

1 Yes

2 No

12. In the last 12 months, did you contact this provider's office to get an appointment for your child for an illness, injury, or condition that **needed care right away**?

1 Yes

2 No → **If No, go to #14**

13. In the last 12 months, when you contacted this provider's office to get an appointment for **care your child needed right away**, how often did you get an appointment as soon as your child needed?

1 Never

2 Sometimes

3 Usually

4 Always

14. In the last 12 months, did you make any appointments for a **check-up or routine care** for your child with this provider?

1 Yes

2 No → **If No, go to #16**

15. In the last 12 months, when you made an appointment for a **check-up or routine care** for your child with this provider, how often did you get an appointment as soon as your child needed?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

16. In the last 12 months, did you contact this provider's office with a medical question about your child during regular office hours?

- 1 Yes
- 2 No → **If No, go to #18**

17. In the last 12 months, when you contacted this provider's office during regular office hours, how often did you get an answer to your medical question that same day?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

18. In the last 12 months, how often did this provider explain things about your child's health in a way that was easy to understand?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

19. In the last 12 months, how often did this provider listen carefully to you?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

20. In the last 12 months, how often did this provider seem to know the important information about your child's medical history?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

21. In the last 12 months, how often did this provider show respect for what you had to say?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

22. In the last 12 months, how often did this provider spend enough time with your child?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

23. In the last 12 months, did this provider order a blood test, x-ray, or other test for your child?

1 Yes

2 No → **If No, go to #25**

24. In the last 12 months, when this provider ordered a blood test, x-ray, or other test for your child, how often did someone from this provider's office follow up to give you those results?

1 Never

2 Sometimes

3 Usually

4 Always

25. Using any number from 0 to 10, where 0 is the worst provider possible and 10 is the best provider possible, what number would you use to rate this provider?

0 Worst provider possible

1

2

3

4

5

6

7

8

9

10 Best provider possible

Any thing you would like to add about your provider or about the office?

Please add in the space below in your own words.

(write in)

Clerks and Receptionists at This Provider's Office

26. In the last 12 months, how often were clerks and receptionists at this provider's office as helpful as you thought they should be?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

27. In the last 12 months, how often did clerks and receptionists at this provider's office treat you with courtesy and respect?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

Any thing you would like to add about our receptionists?

Please add in the space below in your own words.

(write in)

About Your Child and You

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

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

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

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

30. What is **your child's** age?

Less than 1 year old

_____ YEARS OLD *(write in)*

31. Is your child male or female?

- 1 Male
- 2 Female

32. Is your child of Hispanic or Latino origin or descent?

- 1 Yes, Hispanic or Latino
- 2 No, not Hispanic or Latino

33. What is your child's race? Mark one or more.

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian or Alaska Native
- 6 Other

34. What is **your** age?

- 0 Under 18
- 1 18 to 24
- 2 25 to 34
- 3 35 to 44
- 4 45 to 54
- 5 55 to 64
- 6 65 to 74
- 7 75 or older

35. Are you male or female?

- 1 Male
- 2 Female

36. What is the highest grade or level of school that you have completed?

- 1 8th grade or less
- 2 Some high school, but did not graduate
- 3 High school graduate or GED
- 4 Some college or 2-year degree
- 5 4-year college graduate
- 6 More than 4-year college degree

37. How are you related to the child?

- 1 Mother or father
- 2 Grandparent
- 3 Aunt or uncle
- 4 Older brother or sister
- 5 Other relative
- 6 Legal guardian
- 7 Someone else

38. Did someone help you complete this survey?

- 1 Yes
- 2 No → **Thank you.**

Please return the completed survey in the postage-paid envelope.

39. How did that person help you? Mark one or more

- 1 Read the questions to me
- 2 Wrote down the answers I gave
- 3 Answered the questions for me
- 4 Translated the questions into my language
- 5 Helped in some other way

Thank you.

Please return the completed survey in the postage-paid envelope or Place the completed Survey in the survey box located at the Reception Desk.

If you have any questions please contact, Dr. Scott Keel at dr.rodneyscottkeel@gmail.com or 804 393 4214.