

Parent's Experience with Child's Healthcare

Date: _____

Child's age: ____ years ____ months

Relationship to Child: _____

We want to serve you as well as we can. These questions are about your child's usual checkups with his or her primary care professional or PCP, your child's PCP may be a doctor, nurse practitioner or physician assistant. *Please, circle the response that best describes how you feel, where: 1 = No, 2 = Sometimes, 3 = Often, 4 = Always, 5 = Decline to Answer*

	No	Sometimes	Often	Always	Decline to Answer	
1. My child's PCP greets me in a way that makes me feel comfortable.	1		2	3	4	5
2. He or she seems in a rush.	1		2	3	4	5
3. He or she pays attention when I talk.	1		2	3	4	5
4. He or she makes me feel as if I can talk about any problem.	1		2	3	4	5
5. He or she asks questions that are too personal.	1		2	3	4	5
6. My child's PCP is interested in our whole family, not just my child	1		2	3	4	5
7. He or she treats me with respect.	1		2	3	4	5
8. He or she brushes off my questions.	1		2	3	4	5
9. He or she asks my opinion about my problems.	1		2	3	4	5
10. He or she encourages me to ask questions.	1		2	3	4	5
11. My child's PCP understands my emotional needs.	1		2	3	4	5

Please, circle the response that best describes how you feel, where: 1 = No, 2 = Sometimes, 3 = Often, 4 = Always, 5 = Decline to Answer

	No	Sometimes	Often	Always	Decline to Answer
12. He or she spends too much time looking at the computer.	1	2	3	4	5
13. My child's PCP uses words I don't understand	1	2	3	4	5
14. He or she explains his or her suggestions to me.	1	2	3	4	5
15. My child's PCP responds to my worries/concerns.					
16. He or she is interested in what I think I can do about my problems.	1	2	3	4	5
17. He or she suggests things that are hard for me to do.	1	2	3	4	5
18. He or she thinks about my needs to when treating	1	2	3	4	5
18. He or she thinks about my needs too when treating when treating my child.	1	2	3	4	5
19. My child's PCP involves me in defining the problem.	1	2	3	4	5
20. My child's PCP gives me all the information I need.	1	2	3	4	5
21. He or she checks to make sure I understand everything.	1	2	3	4	5
22. He or she can help with problems our family may have.	1	2	3	4	5
23. I prefer that he or she focus on just medical issues and not on our family.	1	2	3	4	5

Parent's Experience with Child's Healthcare (cont.)

Please, circle the response that best describes how you feel, where: 1 = No, 2 = Sometimes, 3 = Often, 4 = Always, 5 = Decline to Answer

	No	Sometimes	Often	Always	Decline to Answer
24. I am given advice on how to stay healthy in the future.	1	2	3	4	5
25. He or she spends the right amount of time with us.	1	2	3	4	5
26. He or she shows care and concern.	1	2	3	4	5
27. I'll return to this doctor or nurse.	1	2	3	4	5
28. I'd recommend him or her to a friend.	1	2	3	4	5
29. Our doctor or nurse asked me to fill out the SEEK Parent Questionnaire -R (PQ-R) about problems like depression and substance use when I brought my child in for checkups.	1	2	3	4	5
30. I completed the PQ-R online before the check-up.	1	2	3	4	5
31. If I had a problem like not enough food, she or he was helpful.					
32. If I had a problem she or he gave me a handout with useful info.	1	2	3	4	5
33. If I needed a referral, the practice helped me find where to get more help.	1	2	3	4	5

THANK YOU FOR COMPLETING!