



**Willamette Falls Pediatric Group, PC wants to hear from you! Your feedback is important to us.**

We are conducting a survey so that we can provide the best possible care for your family. The survey will take about 10 minutes to complete.

Each family that completes the survey will be entered to win one of five prizes. Surveys must be completed by May 31, 2022. The drawing will take place June 15, 2022. Please see below for additional rules.

**Willamette Falls Pediatric Group, PC is a proud member of the Children's Health Alliance and Children's Health Foundation**, an association of pediatricians that work together to improve children's health in Oregon and SW Washington. We are working with the Children's Health Alliance to conduct this survey.

**Your Privacy is Protected.** All information that would let someone identify you or your family will be kept private. We 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 complete this survey or not. If you choose not to, this will not affect your health care at our clinic. If you want to know more about this survey, please contact the clinic manager.

**Prize Drawing Rules:** Each family may only be entered into the drawing once. Only parents or guardians of Children's Health Alliance member practices are eligible to complete a survey and be entered into the drawing. Children's Health Alliance employees and member practices' employees are not eligible to win a prize. A patient survey must be completed between April 30 and May 31, 2022 to be eligible for the prize drawing. Winners will be chosen at random from all valid entries. The prize drawing will take place on June 15, 2022. The top prize winner will receive an Amazon Kindle Fire HD 10. Four runners up will have the choice of one \$100 Target or Fred Meyer Gift Card. Winners will be notified via email and/or phone within one week of the prize drawing. Winners will have one week after being contacted to claim their prize; if prize has not been claimed after one week, another drawing will occur, and a new winner will be selected and notified.

**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

**NOTE: Please answer the questions below based on your YOUNGEST child. Please do not answer for any other children.**

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**Your Child's Provider**

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1. Our records show that your child got care from **Willamette Falls Pediatric Group, PC** in the last 6 months.

Is that right?

- <sup>1</sup>  Yes  
<sup>2</sup>  No → **If No, go to #41 on page 5**

2. In the last 6 months, which provider did you usually see when your child needed a check-up or got sick or hurt?

Please print provider name below:

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The questions in this survey will refer to the provider named in Question 2 as "this provider." Please think of that person as you answer the survey.

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

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

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**Your Child's Care From This Provider in the Last 6 Months**

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

4. In the last 6 months, how many times did your child visit this provider for care?

- None → **If None, go to #41 on page 5**  
 1 time  
 2  
 3  
 4  
 5 to 9  
 10 or more times

5. In the last 6 months, did you ever stay in the exam room with your child during a visit to this provider?

- <sup>1</sup>  Yes → **If Yes, go to #7**  
<sup>2</sup>  No

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

- <sup>1</sup>  Yes → **If Yes, go to #10**  
<sup>2</sup>  No → **If No, go to #10**

7. Is your child able to talk with providers about their health care?

- <sup>1</sup>  Yes  
<sup>2</sup>  No → **If No, go to #10**

8. In the last 6 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 6 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 6 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 6 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 6 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 6 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. Did you and this provider talk about resilience or Positive Childhood Experiences (PCEs)?

- 1  Yes
- 2  No
- 3  Not Sure

17. Did you learn anything new from this provider that increased your confidence in parenting?

<sup>1</sup>  Yes

<sup>2</sup>  No

18. Did you try any new parenting strategies based on what you learned from this provider?

<sup>1</sup>  Yes

<sup>2</sup>  No

19. In the last 6 months, did you contact this provider's office with a medical question about your child during regular office hours?

<sup>1</sup>  Yes

<sup>2</sup>  No → **If No, go to #21**

20. In the last 6 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?

<sup>1</sup>  Never

<sup>2</sup>  Sometimes

<sup>3</sup>  Usually

<sup>4</sup>  Always

21. In the last 6 months, how often did this provider explain things about your child's health in a way that was easy to understand?

<sup>1</sup>  Never

<sup>2</sup>  Sometimes

<sup>3</sup>  Usually

<sup>4</sup>  Always

22. In the last 6 months, how often did this provider listen carefully to you?

<sup>1</sup>  Never

<sup>2</sup>  Sometimes

<sup>3</sup>  Usually

<sup>4</sup>  Always

23. In the last 6 months, how often did this provider seem to know the important information about your child's medical history?

<sup>1</sup>  Never

<sup>2</sup>  Sometimes

<sup>3</sup>  Usually

<sup>4</sup>  Always

24. In the last 6 months, how often did this provider show respect for what you had to say?

<sup>1</sup>  Never

<sup>2</sup>  Sometimes

<sup>3</sup>  Usually

<sup>4</sup>  Always

25. In the last 6 months, how often did this provider spend enough time with your child?

<sup>1</sup>  Never

<sup>2</sup>  Sometimes

<sup>3</sup>  Usually

<sup>4</sup>  Always

26. In the last 6 months, did this provider order a blood test, x-ray, or other test for your child?

<sup>1</sup>  Yes

<sup>2</sup>  No → **If No, go to #28**

27. In the last 6 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

28. 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

29. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. In the last 6 months, did your child see a specialist for a particular health problem?

- 1  Yes
- 2  No → **If No, go to #31**

30. In the last 6 months, how often did your Primary Care Physician seem informed and up-to-date about the care your child got from specialists?

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

Please answer these questions about your primary care physician named in Question 2 of this survey.

31. In the last 6 months, did anyone in this provider's office talk with you about specific goals for your child's health?

- 1  Yes
- 2  No

32. In the last 6 months, did anyone in this provider's office ask you if there are things that make it hard for you to take care of your child's health?

- 1  Yes
- 2  No

33. In the last 6 months, did you and/or your child see a behavioral health provider at this office? (Such as an on-site psychologist or social worker)

- 1  Yes
- 2  No → **If No, go to #37**

**34.** When I saw the behavioral health provider, I learned at least one strategy that I can use to help with the issue I discussed.

- 1  Strongly Disagree
- 2  Disagree
- 3  Agree
- 4  Strongly Agree

**35.** When I saw the behavioral health provider, I learned about a community resource that I can use to help with the issue I discussed.

- 1  Strongly Disagree
- 2  Disagree
- 3  Agree
- 4  Strongly Agree

**36.** After I saw the behavioral health provider, I felt more confident in my skills or abilities to cope with challenging situations.

- 1  Strongly Disagree
- 2  Disagree
- 3  Agree
- 4  Strongly Agree

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**Clerks and Receptionists at This Provider's Office**

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**37.** In the last 6 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

**38.** In the last 6 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

**39.** My pediatrician's office responded to the COVID-19 pandemic in ways that help keep my family safe.

- 1  Strongly Disagree
- 2  Disagree
- 3  Agree
- 4  Strongly Agree

**40.** I am comfortable seeking care for my child(ren) from my pediatrician during the COVID-19 pandemic.

- 1  Strongly Disagree
- 2  Disagree
- 3  Agree
- 4  Strongly Agree

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**About Your Child and You**

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

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

42. 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

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

Less than 1 year old

\_\_\_\_\_ YEARS OLD (*write in*)

44. Which most closely describes **YOUR CHILD'S** gender?

- 1  Female
- 2  Male
- 3  Transgender Female
- 4  Transgender Male
- 5  Non-Binary
- 6  Agender/Does not identify with any gender
- 7  Other
- 8  Prefer not to answer

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

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

46. 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

47. 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

48. Which most closely describes **YOUR** gender?

- 1  Female
- 2  Male
- 3  Transgender Female
- 4  Transgender Male
- 5  Non-Binary
- 6  Agender/Does not identify with any gender
- 7  Other
- 8  Prefer not to answer

49. 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

50. How are **you** related to the child?

- 1  Parent
- 2  Grandparent
- 3  Parent's sibling/Aunt/Uncle
- 4  Older sibling
- 5  Other relative
- 6  Legal guardian
- 7  Someone else



(You're almost done!)



51. Do you have any additional suggestions or comments?

52. Would you like to be entered into the prize drawing? If offered, would you be willing to participate in a focus group or be part of an advisory committee to help **Willamette Falls Pediatric Group, PC** continue improving care?

**(Check all that apply)**

- Yes, please enter me into the prize drawing (Must provide contact information below)
- Yes, I am possibly interested in participating in a focus group or being part of an advisory committee (Must provide contact information below)
- No, I am not interested at this time

53. If you would like to be entered into the prize drawing, please provide your name and contact information below. Your name will not be linked to your survey responses.

Name \_\_\_\_\_

Email address \_\_\_\_\_

Phone number \_\_\_\_\_

**THANK YOU FOR TAKING TIME TO COMPLETE OUR SURVEY!**