

YOUR VOICE MATTERS!



Parent Survey

The survey is about the health care your child gets from
Virginia Garcia Clinic Cornelius

Your answers will help us learn what we are doing well
and how we can improve.

Your Privacy is Protected. All information that would let someone identify you or your family will be kept private. Your responses are completely confidential and will never be matched with your name.

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

Thank you for taking the time to fill out this survey!

Your Child's Health Clinic

1. Is the **Virginia Garcia Clinic Cornelius** where you usually go to if your child needs a check up, has a health problem, or gets sick or hurt?

¹ Yes

² No

2. In the last 6 months, how many times did you visit the **Virginia Garcia Clinic Cornelius** to get care for your child?

¹ 1 time

² 2

³ 3

⁴ 4

⁵ 5 to 9

⁶ 10 or more times

3. When your child needs an appointment for **care from this clinic**, how often do you get an appointment as soon as you think you need it?

¹ Never

² Sometimes

³ Usually

⁴ Always

4. When you **contact this clinic to get an appointment** for your child, how long do you usually have to wait between trying to get an appointment and actually seeing someone?

¹ Same day

² 1 day

³ 2-3 days

⁴ 4-7 days

⁵ 8-14 days

⁶ 15 days or longer

5. How often are your child's **visits at Virginia Garcia Clinic Cornelius** well organized and running on time?

¹ Never

² Sometimes

³ Usually

⁴ Always

6. How often are the front desk staff at **Virginia Garcia Clinic Cornelius** as helpful as you think they should be?

¹ Never

² Sometimes

³ Usually

⁴ Always

Your Child's Health Care Team



A **health care team** is the health care provider, nurse, counselor and their staff who work together to care for your child's health.

The next questions are about **your child's health care team** at **Virginia Garcia Clinic Cornelius**.

7. In the last 6 months, how often did **your child's health care team** explain things in a way that was easy to understand?

¹ Never
² Sometimes
³ Usually
⁴ Always

8. In the last 6 months, how often did **your child's health care team** listen carefully to you?

¹ Never
² Sometimes
³ Usually
⁴ Always

9. In the last 6 months, how often did **your child's health care team** seem to know the important information about your child's medical history and health needs?

¹ Never
² Sometimes
³ Usually
⁴ Always

10. In the last 6 months, how often did **your child's health care team** show respect for what you had to say?

¹ Never
² Sometimes
³ Usually
⁴ Always

11. In the last 6 months, how often did **your child's health care team** spend enough time with your child?

¹ Never
² Sometimes
³ Usually
⁴ Always

12. In the last 6 months, how often did **your child's health care team** treat you as a partner in caring for your child's health?

¹ Never
² Sometimes
³ Usually
⁴ Always

13. In the last 6 months, how often did **your child's health care team** check to be sure you had the information you needed about your child's health?

¹ Never
² Sometimes
³ Usually
⁴ Always

14. In the last 6 months, how often did **your child's health care team** ask you questions about your child's social and emotional well-being?

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

15. In the last 6 months, how often was it easy to reach a member of **your child's health care team** by phone when you had questions or concerns

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

16. What number would you use to rate **your child's health care team** in the last 6 months?

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

About Your Child

17. How would you rate your child's overall health compared to others of the same age?

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

18. Is your child male or female?

- ¹ Male
- ² Female

19. What is your child's age?

- ¹ Under 12 months
- _____ years old

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

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

21. What is your child's race? Please mark one or more.

- ¹ White
- ² Black or African American
- ³ Asian
- ⁴ Native Hawaiian
- ⁵ Other Pacific Islander
- ⁶ American Indian
- ⁷ Alaskan Native
- ⁸ Other

22. Did someone help you complete this survey?

- ¹ Yes
- ² No → **Please go to the next page.**

23. How did that person help you? Mark all that apply.

- 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

Please go to the next page

What things do **we do really well** at the **Virginia Garcia Clinic Cornelius**?

(Use this space for your answer)

What things **could we improve** the **Virginia Garcia Clinic Cornelius**?

(Use this space for your answer)

Thank you for helping us!