

COLIN Survey

Please complete the survey below.

Thank you!

Date Survey Completed _____

We value your input and the time you are taking to complete this voluntary survey.

The survey has 30 questions and takes about 10-15 minutes to complete.

The last question asks for your name and address so we can thank you with a \$20 Target gift card.

In the last 6 months, did you feel the Gillette's Complex Care Program team members:

	Rarely	Sometimes	Almost Always
1. Followed through with their responsibilities related to your child's care?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Thought about the "big picture" when caring for your child, meaning dealing with all your child's needs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Were aware of all tests and evaluations your child has had recently to avoid unnecessary testing?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Knew about the advice you got from your child's other care team members, meaning other Gillette or no-Gillette providers?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Talked about how health care decisions for your child will affect your whole family?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Explained things in a way that you could understand?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Helped you feel comfortable sharing concerns about your child's health or care?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Helped you to get appointments to visit other providers?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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| 9. Helped you to get a special medical equipment your child needed like a special bed, wheelchair, or feeding tube supplies? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10. Listened carefully to what you had to say about your child's health and care | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 11. Explained to you who was responsible for different parts of your child's care? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 12. Treated you as a full partner in the care of your child? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 13. Talked to you about barriers, challenges or stresses in your life? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 14. Talked to you about things, that make it hard for you to take care of your child's health? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 15. Offered you opportunities to connect you to parent-led organizations who they thought might be of help to you or offer peer support? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 16. Offered to communicate with you in ways other than and in-person visit, such as phone, email or virtual care, if no physical examination was necessary | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

The next two questions ask what, if any, types of services and type of care did your child need, but NOT receive.

During the past 6 months, what, if any, types of services did your child need, but NOT receive? Please select all that apply.

- Help finding home health care for your child
- Help finding early intervention programs/services for your child
- Help finding school supports (e.g. IEP, IFP, paraprofessional, special education) for your child
- Help finding respite care
- Help finding transportation for your child
- Help finding parent or caregiver support services
- None, my child always received needed services

During the past 12 Months, what, if any, types of care did your child need, but not receive? Please select all that apply.

- Well Child Check-up
- Preventative dental care
- Other dental care
- Specialty Care
- Prescription medications
- Physical therapy, occupational therapy or communication therapy
- Eyeglasses or vision care
- Hearing aids or hearing care
- Mental health care or counseling
- Substance use treatment or counseling
- Home health care (like nursing, personal care assistance, etc.)
- Mobility aids or devices
- Communication aids or devices
- Durable medical equipment
- Transportation
- Other, please specify:
- None, my child always received needed health care

Other, please specify: _____

In the past 6 months:

	Yes	No
17. Did you know how to contact the Complex Care Program Team when you needed help or had a question?	<input type="radio"/>	<input type="radio"/>
18. Did the Complex Care Program team contact you without you getting in touch with them first?	<input type="radio"/>	<input type="radio"/>
19. Did you receive a clinic note from the complex care clinic (either by mail or through your child's MyGillette portal after your child's complex care clinic visit)?	<input type="radio"/>	<input type="radio"/>

The following questions help us understand if the information in the complex care clinic note is useful to you. For each question, think about how often you shared or used the information listed.

	Rarely	Sometimes	Almost Always	N/A (I didn't receive CC clinic note in past 6 months)
20. A list of your child's health problems at the time of the visit?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- | | | | | |
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| 21. An up-to-date list of all the prescription medicines your child is taking? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 22. An up-to-date list of all the over-the counter medicines your child is taking? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 23. A list of your child's allergies? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 24. The names of all the specialist doctors who help care for your child? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 25. The plan for follow-up care for your child after the visit? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 26. What to do if your child had a problem after the visit? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 27. How often was the clinic note you got from the complex care clinic easy to understand? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

The next set of questions asks about three different types of written care plans the CCP Team may create for your child: shared care plan, emergency care plan, and transition care plan. We are interested in your experiences, if any, with these different types of care plans.

A shared care plan is a written document that contains information about your child's active health problems, medicines he or she is taking, special considerations that all people caring for your child should know, goals for your child's health, growth and development, and steps to take to reach those goals.

An emergency care plan is a written document that contains important information about your child's health, treatment, and medications. It also includes special considerations that all people caring for you child should know, for example, how your child lets you know he or she is in pain, or how to communicate with your child if he or she can't hear or speak. Families often bring the emergency care plan when they take a child to an emergency room or urgent care clinic.

A transition plan is a written documented that contains plans for your child's care when he or she becomes an adult. This is for children ages 15 and older.

- | | Yes | No | I don't know |
|--|-----------------------|-----------------------|-----------------------|
| 28. Has the Complex Care Program team created a shared care plan for your child? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Do you have a copy of your child's shared care plan? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

In the last 6 months, has the Complex Care Program team talked to you about the progress your child was making toward the goals written in his or her shared plan?

29. Has the Complex Care Program team created an emergency care plan for your child?

30. Is your child age 15 or older?

Has the Complex Care Program team created a written transition plan that summarizes how your child's care will change and how it will stay the same when he or she becomes an adult?

We appreciate the time you spent answering this survey and want to thank you with a \$20 Target gift card.

If desired, please provide your name and address so we can mail you the gift card.

This information will be deleted from the survey to keep your responses anonymous.