

CHILD HEALTH NOTES SURVEY

Thank you for taking a few minutes to fill out our brief survey and help us improve your local Child Health Notes!

Child Health Notes provide primary health care providers, and other community providers, current information and locally relevant resources to support the early identification and management of special health and developmental concerns.

Your local county works with staff at the University of Washington and the WA State Department of Health, Children with Special Health Care Needs Program to make Child Health Notes available to you. We are very interested in your feedback.

Please return this survey to: Kate Orville, MPH, Medical Home Project, Center on Human Development and Disability, University of Washington, Box 357920, Seattle WA 98197-7920 or Fax it to (206) 598-7815

Questions? Contact Kate at orville@u.washington.edu or 206-685-1279

Online survey is available at: <https://catalysttools.washington.edu/webq/survey/medhome/87259>

1. I am a:

- Pediatrician Family Practice Physician Nurse Practitioner Office Nurse
 Public Health Nurse Parent Other: _____

2. My office is located in _____ County (If your primary role is as a parent, write the county you live in)

3. When I receive the Child Health Notes (CHNs), I read:

- All of the CHN
 Front page didactic information only
 Back page local resource information only
 I do not have time to read the CHNs

8. Overall, I feel that the Child Health Notes are:

- Excellent Fair
 Very Good Poor
 Good

4. After reading the CHN I: (check all that apply)

- Keep it for future reference
 Post it
 Print it to share
 Throw it away

9. I currently receive the CHNs as:

- A paper copy
 An electronic copy: as an email attachment
 An electronic copy: link to a website
 Other: _____

5. With whom do you share the CHNs? (check all that apply)

- Physicians Nurses
 Physician assistants Families
 Others, please list: _____
 I do not share the CHN

10. My preferred method for receiving the CHNs is as:

- A paper copy
 An electronic copy: as an email attachment
 An electronic copy: link to a website
 Other: _____

6. Information in the CHN has helped me make changes in how I care for and manage the needs of children with special health care needs.

- yes no unsure

11. I currently receive CHNs:

- Once a year Every two months
 Twice a year Don't know
 Four times a year

7. CHNs have improved my awareness and knowledge of community-based or regional resources for children and families that I did not previously know about.

- yes no unsure

12. This frequency is:

- About right Too little
 Too often Don't know

13. Suggestions for improving the CHNs?

14. What topic(s) do you recommend for future CHNs?

15. My name and organization (optional but will help us know which clinics we have heard back from)