

CSHCN Program Family Satisfaction Survey

The Children with Special Health Care Needs (CSHCN) Program staff help families get the information they need to care for their child with special needs. The Program workers help families get insurance, find specialty doctors, and get assistance for health and other community services and supports.

Some local CSHCN Programs may give financial help to children through their Physically Handicapped Children (PHC)'s Program. This program may or may not be available where you live.

We ask you to complete a survey on your experiences. For this survey, think of the PHC Program as part of a local CSHCN Program. We value your feedback about these programs. The information will be used to improve how we serve families of CSHCN.

*1. What county or municipality do you live in?

*2. How did you hear about the Children with Special Health Care Needs (CSHCN) Program?

- State and Local Health Department printed materials
- Internet/Facebook/Twitter
- TV/Radio/Newspaper
- Doctor/hospital
- Community service provider(such as School,Early Intervention)
- Family, friend or parent organization
- Other please specify

3. How many times have you had contact with the CSHCN Program in the past year?

- None
- 1
- 2-3
- 4 or more

4. Families often need help with finding and getting medical services and supports for their child with special needs. The following list describes the kinds of help the CSHCN Program may provide.

For each type of help listed below, tell us whether you needed this help or not and whether you got the help you needed.

	Not Needed	Needed and Got Help	Needed but Didn't Get Help
a. Getting information about health insurance (such as Medicaid, Child Health Plus, Family Health Plus etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Paying for medical expenses not covered by health insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Finding a medical specialist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Finding a dentist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Finding a dental specialist (orthodontist, oral surgeon)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Getting information about other resources in your community (such as, parent organizations, support groups, respite, transportation, translation services etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Getting connected with resources in the community (also known as referrals)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Getting help with filling out applications (such as health insurance, PHCP, SSI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

***5. How easy is it to get information and help from the CSHCN Program staff when needed (hours of operation, availability to answer questions, etc.)?**

- Always easy
- Sometimes easy
- Never easy

***6. How satisfied are you with the help given by the CSHCN Program staff to meet your needs?**

- Very satisfied
- Satisfied
- Somewhat satisfied
- Not satisfied

***7. How would you rate the CSHCN Program?**

	Excellent	Good	Fair	Poor
overall rating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. Please tell us how the CSHCN Program was helpful or not helpful.

9. What suggestions do you have to improve our program?

10. How old is your child with special health care needs?

If you have more than one child with special needs, check a box for the age of the first child, and tell us the ages of the other children in the box labelled "Other".

- Under 1 year
- 1-3 years
- 3-5 years
- 6-17 years
- 18- 21 years

Other (please specify)

***11. What race would you consider your child(ren) with special health care needs? May choose more than one.**

- Hispanic/Latino
- American Indian
- White
- Asian
- African American/Black
- Hawaiian or Pacific Islander
- Other (please specify)

12. Have you been told by a doctor or healthcare provider that your child(ren) with special health care needs has any of these health conditions? (check all that apply)

- ADHD
- Asthma
- Blood problems
- Cancer
- Diabetes
- Cerebral palsy
- Cystic fibrosis
- Dental problems
- Developmental delay
- Emotional/Behavior/Mental problems
- Heart problems
- Hearing problems
- Inherited metabolic disease
- Prematurity
- Seizures
- Spina bifida
- Thyroid problem

Other (please specify)

If you received a print copy of the survey, you may complete the survey on-line using the link below:

https://www.surveymonkey.com/s/CSHCN2011_2012