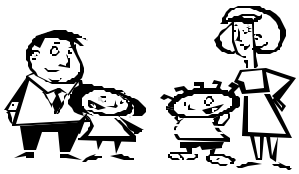
EQUALITYCARE FAMILY SURVEY



Si necesita esta inspeccion en espanol, por favor llamada a 1-800-251-1268.

1. Did you know that your child/adolescent is eligible for a routine check-up through your EqualityCare/Kid Care Health Plan? Yes No

2. How long have your children/adolescent been receiving health care services through EqualityCare/Kid Care Health Plans? _____

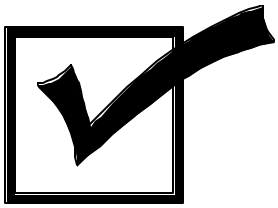
3. Have you received any of the following bulletins/newsletters? Yes No

   Dental Health Adolescent Well-Child Check-up

4. Were the bulletins easy to understand? Yes No

5. Did you take your child(ren)/adolescent in for a well-child check-up after receiving one the bulletins/newsletters listed above? Yes No

6. If not why? a) Didn't have transportation
   b) Couldn't find a doctor who would see my child(ren)
   c) Couldn't get off work
   d) Chose not to
   e) Other _____



7) Did you take your child(ren)/adolescent in for a dental appointment after receiving one the bulletins/newsletters listed above? Yes No

8) If not why? a) Didn't have transportation
   b) Couldn't find a doctor who would see my child(ren)
   c) Couldn't get off work
   d) Chose not to
   e) Other _____

9) Please tell us what county you live in? _____

10) What items would you like discussed in future bulletins? Please circle all that are of concern to you:

    Mental Health Obesity/Physical Activity Violence

    Safe Play Sexually Transmitted Disease Unintentional Injury

    Healthy Eating Habits

Dear Parent, Please complete the survey and mail it back to the address listed at the bottom of the survey. Thank you for your quick response to completing the survey.

Please return the survey by August 4, 2003

If you need assistance or more information regarding Health Check Services or bulletins please call 1-800-251-1268.

Please refold this survey with the return address facing outward and seal with the enclosed wafer sticker. Return postage is prepaid. Thank you for your cooperation.