

Comprehensive Sickle Cell Centers	Healthcare Satisfaction Module Parent Report	
Collaborative Data Project	Date Form Completed: <input type="text" value="PHSM:FORMDA"/> / <input type="text" value="PHSM:FORMMO"/> / <input type="text" value="PHSM:FORMYR"/> DD MMM YYYY	CSCC ID: {subject.name} Center code: {center.name} Hospital code: {center.hospital.name}

How happy are you with...

Information	Never	Some- times	Often	Almost Always	Always	Not Applicable
1. How much information was provided to you about your child's diagnosis	<input type="checkbox"/> (PHSM:INFO1) 0	<input type="checkbox"/> (PHSM:INFO1) 1	<input type="checkbox"/> (PHSM:INFO1) 2	<input type="checkbox"/> (PHSM:INFO1) 3	<input type="checkbox"/> (PHSM:INFO1) 4	<input type="checkbox"/> (PHSM:INFO1) N/A
2. How much information was provided to you about the treatment and course of your child's health condition	<input type="checkbox"/> (PHSM:INFO2) 0	<input type="checkbox"/> (PHSM:INFO2) 1	<input type="checkbox"/> (PHSM:INFO2) 2	<input type="checkbox"/> (PHSM:INFO2) 3	<input type="checkbox"/> (PHSM:INFO2) 4	<input type="checkbox"/> (PHSM:INFO2) N/A
3. How much information was provided to you about the side effects of your child's treatment	<input type="checkbox"/> (PHSM:INFO3) 0	<input type="checkbox"/> (PHSM:INFO3) 1	<input type="checkbox"/> (PHSM:INFO3) 2	<input type="checkbox"/> (PHSM:INFO3) 3	<input type="checkbox"/> (PHSM:INFO3) 4	<input type="checkbox"/> (PHSM:INFO3) N/A
4. How soon	<input type="checkbox"/> (PHSM:INFO4) 0	<input type="checkbox"/> (PHSM:INFO4) 1	<input type="checkbox"/> (PHSM:INFO4) 2	<input type="checkbox"/> (PHSM:INFO4) 3	<input type="checkbox"/> (PHSM:INFO4) 4	<input type="checkbox"/> (PHSM:INFO4)

information was given to you about your child's test results

N/A

5. How often you are updated about your child's health
- | | | | | | |
|---|---|---|---|---|---|
| <input type="checkbox"/> (PHSM:INFO5) 0 | <input type="checkbox"/> (PHSM:INFO5) 1 | <input type="checkbox"/> (PHSM:INFO5) 2 | <input type="checkbox"/> (PHSM:INFO5) 3 | <input type="checkbox"/> (PHSM:INFO5) 4 | <input type="checkbox"/> (PHSM:INFO5) N/A |
|---|---|---|---|---|---|

Inclusion of Family

Never

Sometimes

Often

Almost Always

Always

Not Applicable

- | | | | | | | |
|---|--|--|--|--|--|--|
| 1. The sensitivity shown to you and your family during your child's treatment | <input type="checkbox"/> (PHSM:INCFAM1)
0 | <input type="checkbox"/> (PHSM:INCFAM1)
1 | <input type="checkbox"/> (PHSM:INCFAM1)
2 | <input type="checkbox"/> (PHSM:INCFAM1)
3 | <input type="checkbox"/> (PHSM:INCFAM1)
4 | <input type="checkbox"/> (PHSM:INCFAM1)
N/A |
| 2. The willingness to answer questions that you and your family may have | <input type="checkbox"/> (PHSM:INCFAM2)
0 | <input type="checkbox"/> (PHSM:INCFAM2)
1 | <input type="checkbox"/> (PHSM:INCFAM2)
2 | <input type="checkbox"/> (PHSM:INCFAM2)
3 | <input type="checkbox"/> (PHSM:INCFAM2)
4 | <input type="checkbox"/> (PHSM:INCFAM2)
N/A |
| 3. The effort to include your family in discussion of your child's care and other information about your child's health condition | <input type="checkbox"/> (PHSM:INCFAM3)
0 | <input type="checkbox"/> (PHSM:INCFAM3)
1 | <input type="checkbox"/> (PHSM:INCFAM3)
2 | <input type="checkbox"/> (PHSM:INCFAM3)
3 | <input type="checkbox"/> (PHSM:INCFAM3)
4 | <input type="checkbox"/> (PHSM:INCFAM3)
N/A |

- | | | | | | | | |
|----|--|--|--|--|--|--|--|
| 4. | How much time the staff gave you to ask any questions you may have had about your child's health condition and treatment | <input type="checkbox"/> (PHSM:INCFAM4)
0 | <input type="checkbox"/> (PHSM:INCFAM4)
1 | <input type="checkbox"/> (PHSM:INCFAM4)
2 | <input type="checkbox"/> (PHSM:INCFAM4)
3 | <input type="checkbox"/> (PHSM:INCFAM4)
4 | <input type="checkbox"/> (PHSM:INCFAM4)
N/A |
|----|--|--|--|--|--|--|--|

Communication

Never	Some- times	Often	Almost Always	Always	Not Applicable
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- | | | | | | | | |
|----|--|--|--|--|--|--|--|
| 1. | How well the staff explained your child's condition and treatment to your child in a way that she/he could understand | <input type="checkbox"/> (PHSM:COMM1)
0 | <input type="checkbox"/> (PHSM:COMM1)
1 | <input type="checkbox"/> (PHSM:COMM1)
2 | <input type="checkbox"/> (PHSM:COMM1)
3 | <input type="checkbox"/> (PHSM:COMM1)
4 | <input type="checkbox"/> (PHSM:COMM1)
N/A |
| 2. | The time taken to explain your child's health condition and treatment to you in a way you could understand | <input type="checkbox"/> (PHSM:COMM2)
0 | <input type="checkbox"/> (PHSM:COMM2)
1 | <input type="checkbox"/> (PHSM:COMM2)
2 | <input type="checkbox"/> (PHSM:COMM2)
3 | <input type="checkbox"/> (PHSM:COMM2)
4 | <input type="checkbox"/> (PHSM:COMM2)
N/A |
| 3. | How well the staff listens to you and your concerns | <input type="checkbox"/> (PHSM:COMM3)
0 | <input type="checkbox"/> (PHSM:COMM3)
1 | <input type="checkbox"/> (PHSM:COMM3)
2 | <input type="checkbox"/> (PHSM:COMM3)
3 | <input type="checkbox"/> (PHSM:COMM3)
4 | <input type="checkbox"/> (PHSM:COMM3)
N/A |
| 4. | The preparation provided for you about what to expect during tests and procedures | <input type="checkbox"/> (PHSM:COMM4)
0 | <input type="checkbox"/> (PHSM:COMM4)
1 | <input type="checkbox"/> (PHSM:COMM4)
2 | <input type="checkbox"/> (PHSM:COMM4)
3 | <input type="checkbox"/> (PHSM:COMM4)
4 | <input type="checkbox"/> (PHSM:COMM4)
N/A |
| 5. | The preparation provided for your | <input type="checkbox"/> (PHSM:COMM5)
0 | <input type="checkbox"/> (PHSM:COMM5)
1 | <input type="checkbox"/> (PHSM:COMM5)
2 | <input type="checkbox"/> (PHSM:COMM5)
3 | <input type="checkbox"/> (PHSM:COMM5)
4 | <input type="checkbox"/> (PHSM:COMM5)
N/A |

child about what to expect during tests and procedures

Technical Skills

	Never	Some-times	Often	Almost Always	Always	Not Applicable
1. How well the staff responds to your child's needs	<input type="checkbox"/> (PHSM:SKILL1) 0	<input type="checkbox"/> (PHSM:SKILL1) 1	<input type="checkbox"/> (PHSM:SKILL1) 2	<input type="checkbox"/> (PHSM:SKILL1) 3	<input type="checkbox"/> (PHSM:SKILL1) 4	<input type="checkbox"/> (PHSM:SKILL1) N/A
2. Efforts to keep your child comfortable and as pain-free as possible	<input type="checkbox"/> (PHSM:SKILL2) 0	<input type="checkbox"/> (PHSM:SKILL2) 1	<input type="checkbox"/> (PHSM:SKILL2) 2	<input type="checkbox"/> (PHSM:SKILL2) 3	<input type="checkbox"/> (PHSM:SKILL2) 4	<input type="checkbox"/> (PHSM:SKILL2) N/A
3. How much time the staff took to help you with your child coming back home	<input type="checkbox"/> (PHSM:SKILL3) 0	<input type="checkbox"/> (PHSM:SKILL3) 1	<input type="checkbox"/> (PHSM:SKILL3) 2	<input type="checkbox"/> (PHSM:SKILL3) 3	<input type="checkbox"/> (PHSM:SKILL3) 4	<input type="checkbox"/> (PHSM:SKILL3) N/A

Emotional Needs

	Never	Some-times	Often	Almost Always	Always	Not Applicable
1. The amount of time given to your child to play, talk about his/her feelings, and any questions she/he may have	<input type="checkbox"/> (PHSM:EMOT1) 0	<input type="checkbox"/> (PHSM:EMOT1) 1	<input type="checkbox"/> (PHSM:EMOT1) 2	<input type="checkbox"/> (PHSM:EMOT1) 3	<input type="checkbox"/> (PHSM:EMOT1) 4	<input type="checkbox"/> (PHSM:EMOT1) N/A
2. The amount of time spent helping your child with going back to school	<input type="checkbox"/> (PHSM:EMOT2) 0	<input type="checkbox"/> (PHSM:EMOT2) 1	<input type="checkbox"/> (PHSM:EMOT2) 2	<input type="checkbox"/> (PHSM:EMOT2) 3	<input type="checkbox"/> (PHSM:EMOT2) 4	<input type="checkbox"/> (PHSM:EMOT2) N/A
3. The amount of time spent attending to your child's emotional needs	<input type="checkbox"/> (PHSM:EMOT3) 0	<input type="checkbox"/> (PHSM:EMOT3) 1	<input type="checkbox"/> (PHSM:EMOT3) 2	<input type="checkbox"/> (PHSM:EMOT3) 3	<input type="checkbox"/> (PHSM:EMOT3) 4	<input type="checkbox"/> (PHSM:EMOT3) N/A
4. The amount of time spent attending to	<input type="checkbox"/> (PHSM:EMOT4) 0	<input type="checkbox"/> (PHSM:EMOT4) 1	<input type="checkbox"/> (PHSM:EMOT4) 2	<input type="checkbox"/> (PHSM:EMOT4) 3	<input type="checkbox"/> (PHSM:EMOT4) 4	<input type="checkbox"/> (PHSM:EMOT4) N/A

your emotional needs

Overall Satisfaction

	Never	Some-times	Often	Almost Always	Always	Not Applicable
1. The overall care your child is receiving	<input type="checkbox"/> (PHSM:SATIS1) 0	<input type="checkbox"/> (PHSM:SATIS1) 1	<input type="checkbox"/> (PHSM:SATIS1) 2	<input type="checkbox"/> (PHSM:SATIS1) 3	<input type="checkbox"/> (PHSM:SATIS1) 4	<input type="checkbox"/> (PHSM:SATIS1) N/A
2. How friendly and helpful the staff is	<input type="checkbox"/> (PHSM:SATIS2) 0	<input type="checkbox"/> (PHSM:SATIS2) 1	<input type="checkbox"/> (PHSM:SATIS2) 2	<input type="checkbox"/> (PHSM:SATIS2) 3	<input type="checkbox"/> (PHSM:SATIS2) 4	<input type="checkbox"/> (PHSM:SATIS2) N/A
3. The way your child is treated at the hospital	<input type="checkbox"/> (PHSM:SATIS3) 0	<input type="checkbox"/> (PHSM:SATIS3) 1	<input type="checkbox"/> (PHSM:SATIS3) 2	<input type="checkbox"/> (PHSM:SATIS3) 3	<input type="checkbox"/> (PHSM:SATIS3) 4	<input type="checkbox"/> (PHSM:SATIS3) N/A

Submit Query

Cancel

Form Completion Help

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