12-13 Parent Survey_Elem_Eng

1. The Department of Health and Family Support Programs at the San Jose Unified School District invites you to take a short phone survey about your child’s health care and insurance access. Your answers will be kept confidential and help schools do a better job of supporting students. The survey has only 6 questions 2 to 3 minute. Thank you. Would you like to continue?

  □ Yes
  □ No

2. At this time, are your children covered by any of these health insurance programs? Please select one of the following:

  □ Medi-Cal, Healthy Kids, or Healthy Families
  □ Kaiser
  □ Other Private
  □ None
  □ Don’t Know

3. Where do you usually take your children when they are sick? Please select one of the following:

  □ Doctor’s office, Kaiser, or other HMO
  □ Clinic, health center, or hospital clinic
  □ Emergency room
  □ Other place
  □ Don’t Know

4. Do you have any children between kindergarten and 5th grade with asthma? Please select one of the following:

  □ Yes
  □ No
  □ Don’t Know

5. Have your children between kindergarten and 5th grade had a flu vaccine this school year? Please select one of the following:

  □ Yes
  □ No
  □ Don’t Know

6. How many times since the start of the school year has your child been to the emergency room in a hospital for an asthma episode?
Please select one of the following:

- None
- One time
- Two or more times
- Don’t know

7. How satisfied are you with the help provided by the school nurse to your children? Please select one of the following:

- I have not needed services
- Very satisfied
- Somewhat satisfied
- Somewhat dissatisfied
- Not satisfied

8. Thank you very much for your time. We will invite you to share more feedback at a later time. If you need more help or have any additional questions, please feel free to contact your school nurse.