

# Shared Plan of Care: Family Survey

Survey instructions: These questions are about a "shared plan of care." A shared plan of care is a form filled out by parents and the health care providers. It is meant to make sure that everyone caring for your child knows about his/her medical condition, and that next steps in his/her care are outlined.

Today's date: \_\_\_\_\_

1. Please select your child's clinic:

- Amery Hospital and Clinic
- Bad River Tribal Health Center
- CHW-Down Syndrome Clinic
- CHW-Renal/Dialysis/Kidney Transplant Clinic
- CHW-Rheumatology Clinic
- Gerald L. Ignace Indian Health Center
- Ho-Chunk Nation Dept of Health
- Lac Courte Oreilles Community Health Center
- Menominee Tribal Clinic
- Prevea Health Clinic
- Red Cliff Community Health Center
- Sokaogon Chippewa Health Clinic
- St Croix Tribal Health Center
- Stockbridge Munsee Health and Wellness Center
- UW Health AFCH-Pediatric Complex Care Program
- UW Health-Pediatric Primary Care (ADHD)
- Waisman Center Newborn Followup Clinic

2. How old is your child?

- 0-5 years
- 6-10 years
- 11-15 years
- 16-20 years
- 21-25 years

3. Does your child currently have a shared plan of care?

- Yes
- No
- Not sure

3b. A shared plan of care is a form filled out by parents and the health care providers. It is meant to make sure that everyone caring for your child knows about his/her medical condition, and that next steps in his/her care are outlined.

- Yes
- No
- Still not sure

Does your child currently have a shared plan of care?

4. How long has your child had a shared plan of care?

- Less than 1 month
- 1-3 months
- 4-6 months
- More than 6 months

5. Do you have access to your child's shared plan of care?

- Yes
- No

5b. I have access to the shared plan of care in the following ways: Check all that apply.

- A paper copy
- Online in my child's electronic medical record
- Other

Please specify "other" \_\_\_\_\_

6. I helped develop my child's shared plan of care.
- Strongly agree  
 Agree  
 Neither agree nor disagree  
 Disagree  
 Strongly disagree
7. My likes and dislikes as to how my child is cared for are included in the shared plan of care.
- Strongly agree  
 Agree  
 Neither agree nor disagree  
 Disagree  
 Strongly disagree

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**Using my child's shared plan of care has:**

- |   | Strongly agree        | Agree                 | Neither agree nor disagree | Disagree              | Strongly disagree     | Not applicable        |
|---|-----------------------|-----------------------|----------------------------|-----------------------|-----------------------|-----------------------|
| 8a. Helped me tell other health care providers (such as other doctors or therapists) about my child's needs     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8b. Helped me tell other service providers (such as school or home visiting staff) about my child's needs       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8c. Helped me better understand my role in managing my child's care   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8d. Helped me spend less time coordinating his/her care   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8e. Helped make sure more of my child's needs are met   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9. Let us know any other ways that having a shared plan of care has made a difference for your child or family. | _____                 |                       |                            |                       |                       |                       |