

## Questions on the User's Form for the Online PHDS

**Important Note:** You should review this document and the background materials on the PHDS before opening and completing the Users Form as it will not allow you to “save” the form midway through sections and go back.

### Section 1: CONTACT AND DESCRIPTIVE INFORMATION

1. Please provide the following contact information for the person who should be contacted about the online survey: Name, Title, Address, Phone, Fax, and Email address
2. What is the name of your site (health system or group that will be using the Online PHDS)?
3. State(s) for where the health care (that is being assessed by the Online PHDS) is provided?
4. Which of the following best describes your site? *Select one:* Individual Provider Office, Medical Group, Health Plan, Medicaid Agency, or Other
5. How many children 0-3 years receive well-child care in your site annually (your answer can be an estimate):
6. Number of offices administering or receiving reports from the Online PHDS (if not applicable, write 0):
7. Number of pediatric clinicians administering or receiving reports from the Online PHDS (if not applicable, write 0):
  - a. How many of these are pediatricians:
  - b. How many of these are family medicine physicians:
  - c. How many of these are nurse practitioners:
  - d. How many of these are physician assistants:
  - e. How many are another type of provider (Please specify):
8. Other information useful in describing your site:

### Section 2: CUSTOMIZING THE ONLINE PHDS TO MEET YOUR HEALTH SYSTEM'S INFORMATIONAL NEEDS

1. Which version of the Online PHDS would you like to administer to your parents (*Please only select one of the 3 options*): Full Length Online PHDS, Pro-PHDS 5, or I would like to select specific sections of the PHDS to administer
2. Upon completion of the Online PHDS, parents get a customized feedback report about the care they received and questions they can ask at their child's visit to ensure their child receives recommended care. Please indicate if you do NOT want parents to receive this report.
3. A personalized website address will be created for your online survey. The address will be *http://www.(Your Site Name).WellVisitSurvey.com*. This name should be no more than 8 characters long and contain only letters or numbers. It should also be something

that parents will recognize. Please indicate the site name that should be used for your site-specific website:

4. Do you want a report of the findings across your site?
5. Do you want to be able to create office-specific reports?
6. Do you want to be able to create provider-level reports?
7. Do you want to be able to create reports specific to another group? (Please specify)
8. Do you want to be able to create a report that shows "baseline" data compared to "follow-up" data?
9. Names and location of offices administering the Online PHDS and/or receiving reports:
10. Name, gender, and location of all providers administering the Online PHDS and/or receiving reports:
11. Feedback reports will be created for the groups you selected (in # 4-7 above) and posted on your site-specific website. You have two options for deciding when the reports should be created: either a) once a specific number of completed surveys are collected, or b) after a specific time period has passed
  - a. If you select the option of creating reports once a specific number of completed surveys are collected, what number of surveys do you want to be completed for each level of provider, office, and site reports? *(For example, if you create the goal of 15 completed surveys per provider, you might want 30 completed surveys for the office level reports, and 150 completed surveys for a site level report if the site is a Health Plan.)*
  - b. If you select the option of creating reports after a specific time period has passed, what number of surveys do you want to be completed for each level of provider, office, and site reports? *(For example, after 3 months of survey administration)*

### Section 3: UNDERSTANDING THE PURPOSE OF YOUR ONLINE PHDS

1. Why are you using the Online PHDS (*Select all that apply and provide more information*): For baseline, one time quality measurement; To evaluate a quality improvement project; To evaluate a program; Other reason
2. How are you going to tell parents about the survey (*Select all that apply and provide more information*): Mail a post card or letter to the parent; Give the parent a post card/letter at their child's well-child visit; Email the parent a link to the survey; Provide a link to the survey on our website; Other
3. When do you plan to begin survey administration? For how many months do you plan to administer the survey before you expect to reach your target completed survey goal?
4. If applicable, when do you plan to conduct "follow-up" survey administration?