

Family-Centered Care Assessment

*for Families*

(FCCA-F)

This is a survey to measure the quality of family-centered care that a health care provider gives to your child. There are no right or wrong answers. Please answer every question. The survey uses the words “health care provider” throughout to mean the pediatrician who has given you this survey.

|  |  |
| --- | --- |
|  | |
| 1. **My child’s health care provider talks with me using words I understand.** | Almost Never Rarely Sometimes Usually Almost Always |
| 1. **My child’s health care provider supports me in the role that I want to take in making decisions about my child’s health care.** | Almost Never Rarely Sometimes Usually Almost Always |
| 1. **My child’s health care provider and my family decide together on goals for my child’s treatment.** (For example, less pain, improved health, better school attendance, more involvement in our community.) | Almost Never Rarely Sometimes Usually Almost Always |
| 1. **I feel comfortable letting my child’s health care provider know when I disagree with recommendations for my child’s health care.** | Almost Never Rarely Sometimes Usually Almost Always |
| 1. **When we are making decisions about my child’s health care, my child’s health care provider and I talk about how the health care decisions for my child will affect my whole family.** | Almost Never Rarely Sometimes Usually Almost Always |
| 1. **My child’s health care provider works with me to plan for my child’s health care when there are big changes in my child’s life.** (For example, when my child enters daycare, begins school, or finishes school.) | Almost Never Rarely Sometimes Usually Almost Always |
| 1. **My child’s health care provider talks with me about promoting my child’s overall health and well-being.** (For example, healthy weight, physical activity). | Almost Never Rarely Sometimes Usually Almost Always |
| 1. **My child’s health care provider has a way to help my child understand medical tests and treatments before he or she does them.** (For example, shows a video about MRIs, does a throat culture on a doll, uses a model to show what surgery will do, provides a book or workbook about how to test blood sugar.) | Almost Never Rarely Sometimes Usually Almost Always |
| 1. **My child’s health care provider offers ways that health care/treatment can be provided where my child usually spends time.** (For example, school, community program, child care.) | Almost Never Rarely Sometimes Usually Almost Always |
| 1. **My child’s health care provider has a way to consider my schedule before making appointments.** | Almost Never Rarely Sometimes Usually Almost Always |
| 1. **My child’s health care provider asks me what is working well in my child’s health care**. (For example, medications, treatments, services from other providers.) | Almost Never Rarely Sometimes Usually Almost Always |
| 1. **My child’s health care provider recognizes my strengths in caring for my child.** (For example, well organized, lots of help from friends, willing to try new things, willing to keep trying when something doesn’t work right away.) | Almost Never Rarely Sometimes Usually Almost Always |
| 1. **When we have trouble completing daily care and treatments for my child** (for example, giving medications, asthma treatments, physical therapy exercises, special meal schedule, or blood sugar testing)**, my child’s health care provider works with me to change my child’s treatment plan so that it works better.** | Almost Never Rarely Sometimes Usually Almost Always |
| 1. **My child’s health care provider asks me about health or emotional stresses I have in caring for my child.** | Almost Never Rarely Sometimes Usually Almost Always |
| 1. **My child’s health care provider asks about issues that affect the well-being of my whole family.** (For example, financial hardships, housing problems, trouble getting food, living in an unsafe neighborhood, depression, substance abuse, or domestic violence.) | Almost Never Rarely Sometimes Usually Almost Always |
| 1. **When we are making decisions about my child’s health care, my child’s health care provider and I talk about if I would like other community members to be part of making decisions about my child’s health care.** (For example, elders, religious leaders.) | Almost Never Rarely Sometimes Usually Almost Always |
| 1. **My child’s health care provider asks about my family’s beliefs and practices when we are developing diagnostic and treatment plans.** (For example, customs and beliefs about food, religious rituals related to health, modesty concerns such as gender of the health care provider.) | Almost Never Rarely Sometimes Usually Almost Always |
| 1. **My child’s health care provider asks if we want to integrate traditional or alternative healing into my child’s overall care.** (For example, herbal treatments, acupuncture, spiritual practices.) | Almost Never Rarely Sometimes Usually Almost Always |
| 1. **When my child or family need community services** (for example, special education, recreation, after-school programs, family support services, respite care)**, my child’s health care provider has a way to help me make the first contact with the community services.** | Almost Never Rarely Sometimes Usually Almost Always |
| 1. **My child’s health care provider has a way to connect me with other families who share similar life situations for support.** (For example, new mothers, families of children with similar needs, youth in transition to adulthood, grandparents raising grandchildren.) | Almost Never Rarely Sometimes Usually Almost Always |
| 1. **My child’s health care provider gives me information to help people outside my family understand my child’s needs.** (For example, at school, places of worship, community activities, work.) | Almost Never Rarely Sometimes Usually Almost Always |
| 1. **My child’s health care provider has a way to make sure that I know about and understand ways to help pay for things that insurance doesn’t cover.** (For example, discount cards, government programs.) | Strongly disagree Disagree Neutral Agree Strongly agree |
| 1. **In relation to my child’s medical records, my child’s health care provider has a way to help my family understand what is in my child’s medical record.** (For example, provides explanation of medical terms and answers questions about what is written.) | Strongly disagree Disagree Neutral Agree Strongly agree |
| 1. **My child’s health care provider talks with me about what I hope for my child’s future.** | Strongly disagree Disagree Neutral Agree Strongly agree |