

Pediatric Module

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Which of the following best describes your situation as it pertains to caring for children?

- I am a parent with children under 18
- I often care for children under 18
- I am currently expecting my first child
- I plan to have children in the next 5 years
- I do not currently, nor do I plan to provide care for children

If respondent said, "I am a parent with children under 18" OR "I often care for children under 18".

What are the ranges of the children you currently care for? (Select all that apply)

- Less than 2 years old
- 2-4 years old
- 5-7 years old
- 8-10 years old
- 11-13 years old
- 14-17 years old

If respondent indicated that they have children or plan to have children in the next 5 years.

If you had a child that needed serious medical treatment, how long would you be willing to travel for care?

- Less than 30 minutes
- 30-59 minutes
- 1-2 hours
- 3-4 hours
- 5-7 hours
- 8 hours or more
- Unsure

If respondent said, "I am a parent with children under 18" OR "I often care for children under 18".

Do you have a preferred pediatrician?

- Yes
- No

How did you, or would you, select a pediatrician for your child? Please select the resources you used or would use. (Select all that apply)

- Meet and speak with pediatricians
- Family or friend recommendations
- Referral from my OB/GYN
- Referral from my primary care provider
- Research via an internet search engine (e.g., Google, Bing, etc.)
- Research via a hospital or health system's website
- Third-party healthcare website (WebMD, etc.)
- Insurance provider
- Online patient ratings/reviews
- Doctor on call during the birth of my child
- Hospital where I give birth provides a referral
- Use the same pediatrician I used when I was a child
- Information received from the pediatrician/facility via email
- Information received from the pediatrician/facility via direct email
- Social media (Facebook, X, etc.)
- Other (please specify): _____

MARKET INSIGHTS MODULE

Outside of insurance acceptance, which factors were, or would be, most important when selecting a pediatrician? (Select all that apply)

- Easy to schedule an appointment
- Pediatrician has an online patient portal
- Awards or recognition the pediatrician received
- Location close to my home or work
- Easily accessible location
- Pediatrician is affiliated with well-known system
- Pediatrician affiliated with my preferred hospital
- Known for offering personalized care
- Known for caring/compassionate staff
- The pediatrician's gender
- The pediatrician's race or ethnicity
- Pediatrician's office hours fit my schedule
- Pediatrician is affiliated with pediatric system
- Other (please specify): _____

When you think of hospitals that provide care for children, which one comes to mind first? (Please enter your answer in the space provided.) _____

Imagine you needed to seek the following types of healthcare for a child. Which type of healthcare provider would you go to first?

	Primary care/pediatrician	Specialty care/specialist	Urgent care clinic	Retail clinic	Emergency room	Virtual care/online visit	I would not seek care for this	I don't know
Cold/Flu								
Vomiting/Diarrhea								
Cuts/Minor Bleeding								
Head Injury								
Allergy								
School/Sports Physical								
Vaccinations								

Imagine you needed to seek the following types of healthcare for a child. For which type(s) of healthcare would you be willing to use virtual care/online visits (also known as telemedicine or telehealth)? (Select all that apply)

- Cold or flu symptoms
- Frequent vomiting or diarrhea
- Cuts/minor bleeding
- Head injury
- Allergy symptoms
- Skin conditions/rash
- Eye conditions (e.g., pink eye/conjunctivitis)
- Follow-up appointments after a procedure or surgery
- Mental health
- Other (please specify): _____
- N/A - I would not be willing to use virtual care/online visits for any type of healthcare for a child

MARKET INSIGHTS MODULE

If respondent indicated that they have children or plan to have children in the next 5 years.

Has your child(ren)'s doctor recommended you bring in your child(ren) for regular well-child visits as part of their care plan?

- Yes, and my child(ren) attends regular well-child visits
- Yes, but my child(ren) does not attend regular well-child visits
- No, my child's doctor has not recommended a well-child visit
- No, I don't have a regular doctor for my child(ren)

If respondent indicated that they have children or plan to have children in the next 5 years.

How often does your child(ren) attend well-child visits (please exclude: sick visits, urgent or emergent visits) as part of their care plan?

- Every six months or more frequently
- Every 7-11 months
- Yearly
- Less than once a year
- N/A - I only take my child to the doctor when they are sick or injured

If respondent indicated that they have children or plan to have children in the next 5 years.

During the last year, have you delayed one or more of your child(ren)'s well-child visits?

- Yes
- No

If respondent said "Yes" to delaying one or more child(ren)'s well-child visits.

Which reasons best describe why you delayed one or more of your child(ren)'s well-child visits during the last year? (Select all that apply)

- High out-of-pocket costs
- Usually schedule with child but events canceled
- Unsure what my child(ren)'s care will cost
- Unable to get an appointment with a doctor
- Unable to find transportation
- Lack of affordable childcare
- Doctor offices are located too far away
- I don't have time
- Concern about being around others
- Concern child(ren) may catch COVID-19
- Concern that the facility may not be adequately disinfecting exam rooms
- Concern that the facility may not be adequately disinfecting common areas
- Other (please specify): _____

If respondent indicated that they have children or plan to have children in the next 5 years.

Which of the below statements best describes how often you have your children receive a flu vaccination?

- My child gets a flu vaccination every year
- My child gets a flu vaccination most years
- My child rarely gets flu vaccinations
- My child got flu vaccinations, no future plans
- My child has never gotten a flu vaccination

If respondent indicated that they have children or plan to have children in the next 5 years.

The COVID-19 vaccine has been approved for children aged 5+, how likely are you to vaccinate your child (aged 5+) for COVID-19?

- Very likely
- Somewhat likely
- Neither likely nor unlikely
- Somewhat unlikely
- Very unlikely
- My child has already taken the COVID-19 vaccine

If respondent said, "Somewhat likely" OR "Very unlikely" to Child Vaccine Likelihood.

What reasons best describe why you are unlikely to vaccinate your child (aged 5+) for COVID-19? (Select all that apply)

- I am worried about the vaccine's side effects
- My child's pediatrician recommends against it
- I won't have time to get my child vaccinated
- Vaccines are against my personal/religious beliefs
- Immune systems are strong enough to fight diseases
- I'm not worried about my child getting COVID-19
- I do not believe vaccines are effective
- My child's fear of needles/injections
- Vaccines contain harmful ingredients
- My child has already had COVID-19
- Concerned about in-person healthcare services
- Concerned the vaccine will cause COVID-19 symptoms
- Vaccine's development was rushed
- I don't believe a COVID-19 vaccine can be safe
- Other (please specify): _____

If respondent indicated that they have children or plan to have children in the next 5 years.

In order to be more comfortable or more likely to vaccinate your child (aged 5+) for COVID-19, what information would you need to know? (Select all that apply)

- Number of clinical trials w/ children aged 5+
- Results of clinical trials w/ children aged 5+
- Which organization(s) have developed and tested the vaccine
- Possible side effects of the vaccine on children aged 5+
- Recommendations from pediatrician
- Recommendations from local hospital/system
- Information about COVID-19 itself
- How COVID-19 impacts children aged 5+
- How the vaccine affects high-risk children aged 5+
- Cost/insurance coverage for the vaccine
- Information about scheduling appointments
- Other (please specify): _____