

Market Insights

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 said "I do not currently, nor do I plan to provide care for children" they didn't answer this question.

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): _____

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/facility has an online patient portal I can use (e.g., MyChart)
- ☐ Awards or recognition the pediatrician/facility received
- ☐ Location close to my home or work
- ☐ Easily accessible location (e.g., convenient road, easy parking)
- ☐ Pediatrician/facility is affiliated with a well-known health system
- ☐ Pediatrician/facility is 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/facility is affiliated with a hospital/health system specializing in care for children
- ☐ Other (please specify): _____

MARKET INSIGHTS MODULE

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 or flu symptoms								
Frequent vomiting or diarrhea								
Cuts/Minor Bleeding								
Head Injury								
Allergy symptoms								
School or sports physical								
Vaccination								

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
- ☐ Other (please specify): _____
- ☐ N/A - I would not be willing to use virtual care/online visits for any type of healthcare for a child

If respondent said "I do not currently, nor do I plan to provide care for children" they didn't answer this question.

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 said "I do not currently, nor do I plan to provide care for children" they didn't answer this question.

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 said "I do not currently, nor do I plan to provide care for children" they didn't answer this question.

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 it when I schedule my child's sports physical and many sports were canceled in the last year
- ☐ Unsure what my child(ren)'s care will cost
- ☐ Unable to get an appointment with a doctor
- ☐ Unable to find transportation to or from pediatric appointments
- ☐ Lack of affordable childcare for other children I care for
- ☐ Doctor offices are located too far away
- ☐ I don't have time to take my child(ren) to pediatric appointments
- ☐ Concern about my child(ren) being around others who may be sick
- ☐ Concern that my child(ren) may catch COVID-19 or another illness
- ☐ Concern that the facility may not be adequately disinfecting common areas (e.g., waiting rooms, bathrooms)
- ☐ Concern that the facility may not be adequately disinfecting exam rooms
- ☐ Other (please specify): _____

If respondent said "I do not currently, nor do I plan to provide care for children" they didn't answer this question.

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 said "I do not currently, nor do I plan to provide care for children" they didn't answer this question.

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 they answered this question.

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 (due to a medical condition or other reason)
- ☐ I likely won't have time to get my child vaccinated
- ☐ Vaccines are against my personal or religious beliefs
- ☐ Our immune systems are strong enough to fight diseases without the need for vaccines
- ☐ 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 and doesn't need a vaccination
- ☐ I'm concerned about my child receiving in-person healthcare services during COVID-19
- ☐ I'm concerned the vaccine will cause COVID-19 symptoms or the full virus
- ☐ The vaccine's development was rushed or not thoroughly tested
- ☐ I don't believe a COVID-19 vaccine can be safe for children aged 5 years or older
- ☐ Other (please specify): _____

If respondent said "I do not currently, nor do I plan to provide care for children" they didn't answer this question.

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)

- ☐ How many clinical trials/tests involving children aged 5 years or older the vaccine has been through
- ☐ The results of the vaccine's clinical trials/tests on children aged 5 years or older
- ☐ Which organization(s) have developed and tested the vaccine
- ☐ The possible side effects of the vaccine on children aged 5 years or older
- ☐ Recommendations/referrals from my child's pediatrician
- ☐ Recommendations/referrals from my local hospital or health system
- ☐ Information about COVID-19 itself (how it spreads and mutates, etc.)
- ☐ How COVID-19 impacts children aged 5 years or older
- ☐ How the vaccine affects high-risk children aged 5 years or older (children with chronic conditions, etc.)
- ☐ Cost/insurance coverage information for the vaccine
- ☐ Information about scheduling appointments (how to schedule, where to schedule, etc.)
- ☐ Other (please specify): _____