

Boston Children's Hospital
Pediatric Integrated Care Survey
For Parents/Guardians
MODULE 2: Care Plan
Version 1.0



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1. In the past 12 months, how often have your child's care team members talked with you about specific goals for your child's health care? (*Check ONE box*)

- Never → skip to question []
- Rarely → skip to question []
- Sometimes → go to question [2]
- Usually → go to question [2]
- Almost Always → go to question [2]
- Always → go to question [2]

2. In the past 12 months, has a member of your child's care team documented these goals in the form of a written care plan? (*Check ONE box*)

- Yes → go to question [3]
- No → skip to question []

3. Did you and/or your family members contribute to the content of this written care plan? (*Check ONE box*)

- Yes
- No

4. In the past 12 months, was this written care plan easily accessible to you? (*Check ONE box*)

- Yes
- No

5. Was this care plan written in a way that you could easily understand? (*Check ONE box*)

- Yes
- No

6. In the past 12 months, has someone on your child's care team regularly updated this written care plan to reflect changes and progress? (*Check ONE box*)

- Yes
- No
- I don't know

