## Appendix B. KPNW Evaluation Metrics – Family Report Survey

*Note: Question source provided in parentheses. FECC- Family Experiences with Coordination of Care tool; PICS- Pediatric Integrated Care Survey; FES- Family Empowerment Scale*

1. In the last 12 months, did you know how to contact the person who helped you with managing your child’s care when you needed help or had a question? (FECC #6)
   - □ Yes
   - □ No

2. Overall, how satisfied or dissatisfied were you with help you received in managing your child’s care or treatment in the last 12 months? (FECC #12)
   - □ Very satisfied
   - □ Somewhat satisfied
   - □ Somewhat dissatisfied
   - □ Very dissatisfied

3. In the past 12 months, how often have you felt that your child’s care team members thought about the “big picture” when caring for your child, meaning dealing with all of your child’s needs? (PICS #29)
   - □ Never
   - □ Rarely
   - □ Sometimes
   - □ Usually
   - □ Almost Always
   - □ Always

4. In the past 12 months, how often have your child’s care team members talked with you about how health care decisions for your child will affect your whole family? (PICS #33)
   - □ Never
   - □ Rarely
   - □ Sometimes
   - □ Usually
   - □ Almost Always
   - □ Always

5. In the past 12 months, how often have your child’s care team members talked to you about things in your life that cause you stress because of your child’s health or care needs? (PICS #34)
   - □ Never
   - □ Rarely
   - □ Sometimes
   - □ Usually
   - □ Almost Always
   - □ Always
6. I feel confident in my ability to help my child grow and develop. (FES #2)

☐ Never
☐ Seldom
☐ Sometimes
☐ Often
☐ Very Often

7. I know what to do when problems arise with my child. (FES #3)

☐ Never
☐ Seldom
☐ Sometimes
☐ Often
☐ Very Often

8. When I need help with problems in my family, I am able to ask for help from others. (FES #7)

☐ Never
☐ Seldom
☐ Sometimes
☐ Often
☐ Very Often

9. I am able to make good decisions about what services my child needs. (FES #16)

☐ Never
☐ Seldom
☐ Sometimes
☐ Often
☐ Very Often

10. I know what services my child needs. (FES #21)

☐ Never
☐ Seldom
☐ Sometimes
☐ Often
☐ Very Often

Please share any feedback you have about your experience with PCT (Pediatric Care Together) in the last 12 months: ___________________________________________________________________________________________