

Family Engagement Quality Improvement Project

Post-visit Family Survey Questions

- 1. During today's visit, did this practice honor or respect your values and beliefs?**
 - a. Yes**
 - b. No**
- 2. During today's visit, did the people providing medical care to your child explain things about your child's health in a way that was easy to understand?**
 - a. Yes**
 - b. No**
- 3. During today's visit, did the people providing medical care to your child show respect for what you and your family had to say?**
 - a. Yes**
 - b. No**
- 4. During today's visit, did clerks, receptionists, and other clinic staff at this practice treat you with dignity and respect?**
 - a. Yes**
 - b. No**
- 5. During today's visit, did the people providing medical care to my child involve me and my family in decisions about my child's health?**
 - a. Yes**
 - b. No**