



PMC Evaluation Survey (English version)

Start of Block:

Q1 We thank you for using our services today! The Pediatric Mobile Clinic of the University of Miami would like to provide your children with convenient medical care that comes to your neighborhood. Please take a moment to fill out our survey so we can see how we are doing. Some questions require a short answer, others ask you to rate us by agreeing or disagreeing with a statement. Thank you for letting us take care of your children's health care needs. Information/Data provided in this survey will be used to determine any changes/modification to the provision of services of The University of Miami Pediatric Mobile Clinic. By filling out this survey you allow our research team to use the aggregate data to provide reports and/or recommendations.

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Q2 Location of the appointment:

- Our Lady of Guadalupe
- Good News Care
- Gateway Church of Christ
- St. Benedict Catholic Church
- St. Lazaro Catholic Church
- Goulds Church of Christ
- San Juan Bosco
- Center for Haitian Studies (CHS)
- Mailman



Q3 Your Address (your house/apartment) Zip Code:

End of Block:

Start of Block:

Q4 Child's age: If the patient is a baby, add the word "months" after the number.

Q5 Sex of the child:

- Male
 - Female
 - Other _____
-

Q6 Ethnicity of the child:

- Hispanic
 - Non-Hispanic
 - Multi-ethnic
-



Q7 Race of the child:

- White
 - Black
 - Asian
 - Native Hawaiian or Other Pacific Islander
 - American Indian or Alaska Native
 - Multi-race
-

Q8 Primary Language of the child:

- English
- Spanish
- Haitian-Creole
- Other _____

End of Block:

Start of Block:

Q9 How did you learn about the Pediatric Mobile Clinic? (Check all the apply)

- Internet
 - Family or friend
 - Healthcare provider
 - Church
 - Radio
 - Social media
 - School
 - Not Applicable
-

Q10 What made you decide to use our Pediatric Mobile Clinic today? (Check all that apply)

- Convenience of date
 - Convenience of location
 - Convenience of times
 - Free services
 - I don't know where else to take my child to the doctor
 - Someone referred me to the mobile clinic. Who referred you?
 - Other _____
-

Q11 What is the main reason you visited the Pediatric Mobile Clinic today?

- Well child visit
- Follow up
- School physical
- Vaccines
- Mental health services
- Sick visit
- Asthma clinic
- Social services
- Other _____

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Q12 Do you know of a health center near where you live, that could provide services to your child/children?

- No, I do not know of a place
 - Yes, I know of a place but I prefer PMC
 - Yes, I know of a place but I'll have to pay out of pocket or need medical insurance to receive services there
-

Q13 How far did you travel to access the Pediatric Mobile Clinic today?

- Less than 5 miles
 - 5-10 miles
 - 10-15 miles
 - 15-20 miles
 - More than 20 miles
-

Q14 What transportation method did you use to access the clinic?

- Personal or family car
- Public transportation
- Walking
- Ride-sharing services (e.g., Uber, Lyft, Taxi)
- Other _____

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Q15 Have you or your child experienced delays in accessing health care due to lack of transportation, language barrier, insurance problems or other social barriers?

Yes

No

Q16 Are you currently struggling with any of the following: (check all that apply)

- Transportation
- Work Situation
- Language barrier
- Financial Difficulties
- Personal or family health problems
- Neighborhood Safety
- Lack of living utilities
- Currently at a shelter, motel or hotel
- No daycare or schooling for child/children
- Violent situation at home
- Inadequate community resources
- Mental health concerns
- You recently arrived in this country, and have to take care of other things
- Food insecurity
- None



Other _____

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Q17 Have you experienced difficulties obtaining medication or medical supplies for your child in the United States?

Yes

No

Q18 Do you or your family have access to buy fresh, healthy foods throughout the month?

Yes

No

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Q19 It was easy to make an appointment for our Pediatric Mobile Clinic?

- Strongly agree
 - Agree
 - Neutral
 - Disagree
 - Strongly Disagree
-

Q20 The Pediatric Mobile Clinic was pleasant, clean and comfortable?

- Strongly Agree
 - Agree
 - Neutral
 - Disagree
 - Strongly Disagree
-



Q21 I felt comfortable having my child's health care needs taken care in the Pediatric Mobile Clinic.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

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Q22 The Pediatric Mobile Clinic staff was courteous and friendly.

- Strongly Agree
 - Agree
 - Neutral
 - Disagree
 - Strongly Disagree
-

Q23 If the Pediatric Mobile Clinic wasn't here I would [check all that apply]

- Not get healthcare for my child (children)
 - Go to an urgent care or emergency room for medical services
 - Go to a friend or someone else for medical advice or treatment
 - Go to my church/priest for medical advice or treatment
-



Q24 Do you feel comfortable discussing mental health concerns with the Pediatric Mobile Clinic staff?

- Strongly Agree
 - Agree
 - Neutral
 - Disagree
 - Strongly Disagree
 - Doesn't apply
-

Q25 Did you use mental health services or were you referred to mental health services during today's visit?

- Yes
 - No
 - Doesn't apply
-



Q26 Have you encountered challenges in accessing mental health services for your child in the past?

- Yes, due to lack of insurance
- Yes, due to lack of providers nearby
- Yes, due to stigma or fear
- No
- Doesn't apply

End of Block:

Start of Block:

Q27 Since accessing services at the Pediatric Mobile Clinic, have you noticed any improvement in your child's mental health or behavior?

- Yes
 - No
 - Doesn't apply
-



Q28 Please select which option BEST describes your vaccination decision for your child today:

- I am generally comfortable with vaccines, and get all vaccinations recommended by the Doctor
 - I have concerns about vaccines, but get all vaccines for my child recommended by the Doctor
 - I have concerns about vaccines and only get some of the vaccines for my child recommended by the Doctor
 - I have many concerns about vaccines and will not get the vaccines for my child at this time
-

Q29 If you did not vaccinate your child according to your doctor's recommendations, please describe the reason why?

- My child was sick today and I prefer to wait to receive the recommended vaccines
 - Religious beliefs
 - Personal beliefs
 - Not Applicable
-

Q30 Has your child health improved since using the Pediatric Mobile Clinic?

- Yes
 - No
 - Cant asses yet, It is my first time using the Pediatric Mobile Clinic
-



Q31 Do you feel the Pediatric Mobile Clinic has helped reduce stress for you or your family regarding healthcare needs?

Yes

No

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Q32 I would come back to the Pediatric Mobile Clinic for my child's healthcare

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

End of Block:

Start of Block:

Q33 I would recommend the Pediatric Mobile Clinic to my friends and neighbors.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

Q34 Please feel free to write any comments or opinions you have about your experience today, the services you received or about the staff and care provided.



Q35 Are there additional services you would like the Pediatric Mobile Clinic to provide?

End of Block:
