

## ECHO Survey 3.0: Comparison of the Adult and Child Questionnaires

ECHO Questionnaire for Adults		ECHO Questionnaire for Children		
Item # (MCO)	Question	Item # (MCO)	Item # (MBHO)	Question
				Please answer the questions for the child listed on the envelope. Please do not answer for any other children.
1	<p>People can get counseling treatment or medicine for many different reasons, such as:</p> <ul style="list-style-type: none"> <li>• For feeling depressed, anxious, or “stressed out”</li> <li>• Personal problems (like when a loved one dies or when there are problems at work)</li> <li>• Family problems (like marriage problems or when parents and children have trouble getting along)</li> <li>• Needing help with drug or alcohol use</li> <li>• For mental or emotional illness</li> </ul> <p>In the last 12 months, did you get counseling, treatment or medicine for any of these reasons? Yes/No</p>	1	1	<p>Children can get counseling treatment, or medicine for many different reasons, such as:</p> <ul style="list-style-type: none"> <li>• For problems related to attention deficit hyperactivity disorder (ADHD) or other behavior problems</li> <li>• Family problems (like when parents and children have trouble getting along)</li> <li>• For mental or emotional illness</li> <li>• For autism or other developmental conditions</li> <li>• Needing help with drug or alcohol use</li> </ul> <p>In the last 12 months, did your child get counseling, treatment or medicine for any of these reasons? Yes/No</p>
	<b>Your Counseling and Treatment in the Last 12 Months</b>			<b>Your Child’s Counseling or Treatment in the Last 12 Months</b>
Dir	The next questions ask about <u>your</u> counseling or treatment. <u>Do not</u> include counseling or treatment during an overnight stay or from a self-help group.	Dir	Dir	The next questions ask about your child’s counseling or treatment. Do not include counseling or treatment during an overnight stay or from a self-help group.
2	In the last 12 months, did you <u>call</u> someone to get <u>professional counseling on the phone</u> for yourself?	2	2	In the last 12 months, did you call someone to get professional counseling on the phone for your child?  Yes/No

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3	In the last 12 months, how often did you <u>get</u> the professional counseling you needed <u>on the phone</u> ?	3	3	In the last 12 months, how often did you get the professional counseling your child <u>needed on the phone</u> ? Never-Always scale
4	In the last 12 months, did you need to get counseling or treatment <u>right away</u> ?	4	4	In the last 12 months, did your child need counseling or treatment right away?
5	In the last 12 months, when you needed to get counseling or treatment <u>right away</u> , how often did you see someone as soon as you wanted?	5	5	In the last 12 months, when your child needed counseling or treatment right away, how often did he or she see someone as soon as you wanted?
6	In the last 12 months, not counting times you needed counseling or treatment right away, did you make any appointments for counseling or treatment?	6	6	In the last 12 months, not counting times your child needed counseling or treatment right away, did you make any appointments for your child for counseling or treatment?
7	In the last 12 months, not counting the times you needed counseling or treatment right away, how often did you get an appointment for counseling or treatment as soon as you wanted?	7	7	In the last 12 months, not counting the times your child needed counseling or treatment right away, how often did your child get an appointment for counseling or treatment as soon as you wanted away?
8	In the last 12 months, how many times did you go to an <u>emergency room or crisis center</u> to get counseling or treatment for yourself?	8	8	In the last 12 months, how many times did your child go to an <u>emergency room or crisis center</u> to get counseling or treatment?
9	In the last 12 months (not counting emergency rooms or crisis centers), how many times did you go to an office, clinic, or other treatment program to get counseling, treatment, or medicine for yourself?	9	9	In the last 12 months (not counting emergency rooms or crisis centers), how many times did your child get counseling, treatment or medicine in your home or at an office, clinic, or other treatment program?
		10	10	In the last 12 months, how many times did your child get counseling or treatment in your home?

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10	In the last 12 months, how often were you seen <u>within 15 minutes</u> of your appointment?	11	11	In the last 12 months, how often was your child seen within <u>15 minutes</u> of his or her appointment time? Never-Always scale
Dir	The next questions are about <u>all</u> the counseling or treatment you got in the last 12 months during office, clinic, and emergency room <u>visits</u> as well as <u>over the phone</u> . Please do the best you can to include all the different people you went to for counseling or treatment in your answers.	Dir	Dir	The next questions are about all the counseling or treatment your child got in the last 12 months in your home, during office, clinic, and emergency room visits as well as over the phone. Please do the best you can to include all the different people your child saw for counseling or treatment in your answers.
11	In the last 12 months, how often did the people you went to for counseling or treatment <u>listen carefully to you</u> ?	12	12	In the last 12 months, how often did the people your child saw for counseling or treatment <u>listen carefully to you</u> ? Never-Always scale
12	In the last 12 months, how often did the people you went to for counseling or treatment <u>explain things</u> in a way you could understand?	13	13	In the last 12 months, how often did the people your child saw for counseling or treatment <u>explain things</u> in a way you could understand? Never-Always scale
13	In the last 12 months, how often did the people you went to for counseling or treatment <u>show respect for what you had to say</u> ?	14	14	In the last 12 months, how often did the people your child saw for counseling or treatment show <u>respect for what you had to say</u> ? Never-Always scale
14	In the last 12 months, how often did the people you went to for counseling or treatment <u>spend enough time</u> with you?	15	15	In the last 12 months, how often did the people your child saw for counseling or treatment <u>spend enough time</u> with you? Never-Always scale
15	In the last 12 months, how often did you feel safe when you were with the people you went to for counseling or treatment?			
16	In the last 12 months, have you taken any <u>prescription medicines</u> as part of your treatment?	16	16	In the last 12 months, did your child take any prescription medicines as part of his or her treatment?
17	In the last 12 months, were you told what <u>side effects</u> of those medicines to watch for?	17	17	In the last 12 months, were you told what <u>side effects</u> of those medicines to watch for?

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18	In the last 12 months, how often were you <u>involved as much as you wanted</u> in your counseling or treatment?	18	18	In the last 12 months, how often were you <u>involved as much as you wanted</u> in your child's counseling or treatment?
19	In the last 12 months, did anyone talk to you about whether to include your family or friends in your counseling or treatment?			
20	In the last 12 months, were you told about self-help or support groups, such as consumer-run groups or 12-step programs?			
		19	19	In the last 12 months, were the goals of your child's counseling or treatment discussed completely with you?
		20	20	In the last 12 months, how often did your family get the professional help you wanted for your child?
		21	21	In the last 12 months, how often did you feel your child <u>had someone to talk to</u> for counseling or treatment when he or she was troubled?
21	In the last 12 months, were you given information about <u>different kinds</u> of counseling or treatment that are available?	22	22	In the last 12 months, were you given information about <u>different kinds</u> of counseling or treatment that are available for your child?
22	In the last 12 months, were you given as much information as you wanted about what you could do to <u>manage</u> your condition?	23	23	In the last 12 months, were you given as much information as you wanted about what you could do to <u>manage</u> your child's condition?
23	In the last 12 months, were you given information about your <u>rights as a patient</u> ?	24	24	In the last 12 months, were you given information about your child's <u>rights as a patient</u> ?
24	In the last 12 months, did you feel you could refuse a specific type of medicine or treatment?	25	25	In the last 12 months, did you feel you could refuse a specific type of medicine or treatment for your child?
25	In the last 12 months, as far as you know did anyone you went to for counseling or treatment <u>share information</u> with others that should have been kept private?	26	26	In the last 12 months, as far as you know did anyone your child saw for counseling or treatment <u>share information</u> with others that should have been kept private?
26	Does your language, race, religion, ethnic background or culture make any difference in the kind of counseling or treatment <u>you need</u> ?	27	27	Does your child's language, race, religion, ethnic background or culture make any difference in the kind of counseling or treatment <u>he or she needs</u> ?
27	In the last 12 months, was the care you received responsive to those needs?	28	28	In the last 12 months, was the care your child received responsive to those needs?

ECHO Questionnaire for Adults		ECHO Questionnaire for Children		
Item # (MCO)	Question	Item # (MCO)	Item # (MBHO)	Question
28	Using <u>any number from 0 to 10</u> , where 0 is the worst counseling or treatment possible and 10 is the best counseling or treatment possible, what number would you use to rate all your <u>counseling or treatment</u> in the last 12 months?	29	29	Using <u>any number from 0 to 10</u> , where 0 is the worst counseling or treatment possible and 10 is the best counseling or treatment possible, what number would you use to rate all your child's <u>counseling or treatment</u> in the last 12 months?
29	In the last 12 months, how much were you helped by the counseling or treatment you got?	30	30	In the last 12 months, how much was your child helped by the counseling or treatment he or she got?
30	In general, how would you rate your <u>overall mental health now</u> ?	31	31	In general, how would you rate your child's <u>overall mental health now</u> ?
31	<u>Compared to 12 months ago</u> , how would you rate your ability to deal with <u>daily problems now</u> ?	32	32	<u>Compared to 12 months ago</u> , how would you rate your child's ability to deal with <u>daily problems now</u> ?
32	<u>Compared to 12 months ago</u> , how would you rate your ability to deal with <u>social situations now</u> ?	33	33	<u>Compared to 12 months ago</u> , how would you rate your child's ability to deal with <u>social situations now</u> ?
33	<u>Compared to 12 months ago</u> , how would you rate your ability to <u>accomplish the things you want to do now</u> ?	34	34	<u>Compared to 12 months ago</u> , how would you rate your child's ability to <u>accomplish the things he or she wants to do now</u> ?
34	<u>Compared to 12 months ago</u> , how would you rate your <u>problems or symptoms now</u> ?	35	35	<u>Compared to 12 months ago</u> , how would you rate your child's <u>problems or symptoms now</u> ?
<b>Your Health Plan for Counseling or Treatment</b> (NA for MBHO & HEDIS versions)				<b>Your Child's Health Plan for Counseling or Treatment</b>
Dir	MCO: The next questions ask about your experience with your health plan for <u>counseling or treatment</u> . MBHO: The next questions ask about your experience with the <u>company or organization</u> that handles your benefits for counseling or treatment.	Dir	Dir	MCO: The next questions ask about your experience with your child's health plan for <u>counseling or treatment</u> . MBHO: The next questions ask about your experience with the <u>company or organization</u> that handles your child's benefits for counseling or treatment.
35	Our records show that you are now in [plan name]. Is that right?	36	NA	Our records show that your child is now in [plan name]. Is that right?
36	What is the name of your health plan? (please print)	37	NA	What is the name of your child's health plan? (please print)
37	How many months or years <u>in a row</u> have you been in this plan?	38	NA	How many months or years <u>in a row</u> has your child been in this plan?
38	How much of the counseling or treatment you got in the last 12 months was <u>paid for</u> by your health plan?	39	NA	How much of the counseling or treatment your child got in the last 12 months was <u>paid for</u> by his or her health plan?

ECHO Questionnaire for Adults		ECHO Questionnaire for Children		
Item # (MCO)	Question	Item # (MCO)	Item # (MBHO)	Question
39	In the last 12 months, did you <u>use up all your benefits</u> for counseling or treatment?	40	36	In the last 12 months, did your child <u>use up all of his or her benefits</u> for counseling or treatment?
40	At the time benefits were used up, did you think you <u>still needed</u> counseling or treatment?	41	37	At the time benefits were used up, did you think your child <u>still needed</u> counseling or treatment?
41	Were you told about <u>other ways</u> to get counseling, treatment, or medicine?	42	38	Were you told about <u>other ways</u> to get counseling, treatment, or medicine for your child?
42	When you joined your health plan or at any time since then, did you get someone <u>new</u> for counseling or treatment?	43	NA	When your child joined this health plan or at any time since then, did your child get someone <u>new</u> for counseling or treatment?
43	Since you joined your health plan, how much of a problem, if any, was it to get someone you are happy with?	44	NA	Since your child joined this health plan, how much of a problem, if any, was it to get someone for your child you are happy with?
44	In the last 12 months, did you need approval for any counseling or treatment?	45	39	MBHO: In the last 12 months, did you need approval for any of your child's counseling or treatment? MCO: In the last 12 months, did you need approval from your child's health plan for any counseling or treatment?
45	MCO: In the last 12 months, how much of a problem, if any, were <u>delays</u> in counseling or treatment while you waited for approval from your health plan? MBHO: In the last 12 months, how much of a problem, if any, were <u>delays</u> in counseling or treatment while you waited for approval?	46	40	MCO: In the last 12 months, how much of a problem, if any, were <u>delays</u> in counseling or treatment while you waited for approval from your child's health plan? MBHO: In the last 12 months, how much of a problem, if any, were <u>delays</u> in your child's counseling or treatment while you waited for approval?
46	In the last 12 months, how much of a problem, if any, was it to get the counseling or treatment you thought you needed?	47	NA	In the last 12 months, how much of a problem, if any, was it to get the counseling or treatment you thought your child needed?
47	In the last 12 months, did you look for any <u>information in a booklet or on the Internet</u> about counseling or treatment from your health plan?	48	NA	In the last 12 months, did you look for any <u>information</u> about counseling or treatment from your child's health plan <u>in written materials or on the Internet</u> ?"
48	In the last 12 months, how much of a problem, if any, was it to <u>find or understand</u> the information you looked for?	49	NA	In the last 12 months, how much of a problem, if any, was it to find or understand this information?

ECHO Questionnaire for Adults		ECHO Questionnaire for Children		
Item # (MCO)	Question	Item # (MCO)	Item # (MBHO)	Question
49	In the last 12 months, did you call your health plan's <u>customer service</u> to get information or help about counseling or treatment?	50	41	MCO: In the last 12 months, did you call the health plan's <u>customer service</u> to get information or help about counseling or treatment for your child? MBHO: In the last 12 months, did you call <u>customer service</u> to get information or help about counseling or treatment for your child?
50	MCO: In the last 12 months, how much of a problem, if any, was it to <u>get the help you needed</u> when you called your health plan's customer service? MBHO: In the last 12 months, how much of a problem, if any, was it to <u>get the help you needed</u> when you called customer service?	51	42	MCO: In the last 12 months, how much of a problem, if any, was it to <u>get the help you needed</u> for your child when you called the health plan's customer service? MBHO: In the last 12 months, how much of a problem, if any, was it to <u>get the help you needed</u> for your child when you called customer service?
51	In the last 12 months, did you have to fill out any <u>paperwork</u> about counseling or treatment for your health plan?	52	NA	In the last 12 months, did you have to fill out any <u>paperwork</u> about counseling or treatment for your child's health plan?
52	In the last 12 months, how much of a problem, if any, did you have with paperwork for your health plan?	53	NA	In the last 12 months, how much of a problem, if any, did you have with paperwork for your child's health plan?
53	Using <u>any number from 0 to 10</u> , where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate <u>your health plan for counseling or treatment</u> in the last 12 months?	54	NA	Using <u>any number from 0 to 10</u> , where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate <u>your child's health plan for counseling or treatment</u> ?
	<b>Reasons for Counseling or Treatment</b>			<b>Reasons for Counseling or Treatment</b>
54	In the last 12 months, was any of your counseling or treatment for <u>personal problems</u> , <u>family problems</u> , <u>emotional illness</u> , or <u>mental illness</u> ?	55	43	In the last 12 months, was any of your child's counseling or treatment for problems related to ADHD or other behavior problems?
55	In the last 12 months, was any of your counseling or treatment for help with <u>alcohol use</u> or <u>drug use</u> ?	56	44	In the last 12 months, was any of your child's counseling or treatment for family problems or mental or emotional illness?
		57	45	In the last 12 months, was any of your child's counseling or treatment for autism or other developmental conditions?
		58	46	In the last 12 months, was any of your child's counseling or treatment for help with alcohol use or drug use?

ECHO Questionnaire for Adults		ECHO Questionnaire for Children		
Item # (MCO)	Question	Item # (MCO)	Item # (MBHO)	Question
	<b>About You</b>			<b>About Your Child and You</b>
56	In general, how would you rate <u>your overall health</u> now?	59	47	In general, how would you rate <u>your child's overall health</u> now?
		60	48	What is your child's age now?
		61	49	Is your child male or female?
60	Are you of Hispanic or Latino origin or descent?	62	50	Is your child of Hispanic or Latino origin or descent?
61	What is your race? Please mark one or more.	63	51	What is your child's race? Please mark one or more.
57	What is your age now?	64	52	What is your age now?
58	Are you male or female?	65	53	Are you male or female?
59	What is the highest grade or level of school you have <u>completed</u> ?	66	54	What is the highest grade or level of school that you have <u>completed</u> ?
		67	55	How are you related to the policyholder?
		68	56	How are you related to the child?
62	Did someone help you complete this survey?	69	57	Did someone help you complete this survey?
63	How did that person help you? Check all that apply.	70	58	How did that person help you? Check all that apply.