



Patient Name

Date

We are working to improve care for our patients. Please help us by completing these questions about your child. Please ask our nurses or doctors any questions that you have.

1. Does your child currently need or use MEDICINE PRESCRIBED BY A DOCTOR (other than vitamins)?

Yes > Go to Question 1a

No > Go to Question 2

1a. Is this because of ANY medical, behavioral or other health condition?

Yes > Go to Question 1b

No > Go to Question 2

1b. Is this a condition that has lasted or is expected to last for at least 12 months?

Yes

No

2. Does your child need or use more MEDICAL CARE, MENTAL HEALTH OR EDUCATIONAL SERVICES than is usual for most children of the same age?

Yes > Go to Question 2a

No > Go to Question 3

2a. Is this because of ANY medical, behavioral or other health condition?

Yes > Go to Question 2b

No > Go to Question 3

2b. Is this a condition that has lasted or is expected to last for at least 12 months?

Yes

No

3. Is your child LIMITED OR PREVENTED in any way in his or her ability to do the things most children of the same age can do?

Yes > Go to Question 3a

No > Go to Question 4



3a. Is this because of ANY medical, behavioral or other health condition?

Yes > Go to Question 3b

No > Go to Question 4

3b. Is this a condition that has lasted or is expected to last for at least 12 months?

Yes

No

4. Does your child need or get SPECIAL THERAPY, such as physical, occupational or speech therapy?

Yes > Go to Question 4a

No > Go to Question 5

4a. Is this because of ANY medical, behavioral or other health condition?

Yes > Go to Question 4b

4b. Is this a condition that has lasted or is expected to last for at least 12 months?

Yes

No

5. Does your child have any kind of emotional, developmental or behavioral problem for which he or she needs or gets TREATMENT OR COUNSELING?

Yes > Go to Question 5a

No

5a. Has this problem lasted or is it expected to last for at least 12 months?

Yes

No