

## **EXETER PEDIATRICS** OFFICE VISIT FAMILY "MINI" SURVEY (Pre-Visit)

1. During the past 3 months how much did you v	worry about your child's health needs?
( ) none of the time	( ) most of the time
( ) a little of the time	( ) all of the time
2. Do you have any concerns about the following	issues for your child?
( ) development	( ) being independent
( ) ability to learn	( ) learning self-care skills
( ) falling behind in school	ol ( ) the future
( ) sleeping	( ) making and keeping friends
( ) loneliness	( ) participation in activities
( ) behavior	( ) other(s)
1 2	
4. Did you know that Exeter Pediatrics has a care help you with getting your child's needs met?	
( ) yes	( ) no
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5. Have you ever used the help of the care coordinates	
( ) never	( ) 1-3 times
( ) once	( ) more than 3 times
Thank w	oul

Thank you!

