EXETER PEDIATRICS
OFFICE VISIT FAMILY “MINI” SURVEY (Pre-Visit)

1. During the past 3 months how much did you 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 ( ) the future
   ( ) sleeping                ( ) making and keeping friends
   ( ) loneliness              ( ) participation in activities
   ( ) behavior                ( ) other(s)__________________

3. Of the above concerns what are the two most on your mind today?
   1. __________________________
   2. __________________________

4. Did you know that Exeter Pediatrics has a care coordinator (Jody Couillard) available to help you with getting your child's needs met?
   ( ) yes                        ( ) no

5. Have you ever used the help of the care coordinator (by phone or in person)?
   ( ) never                     ( ) 1-3 times
   ( ) once                      ( ) more than 3 times

Thank you!