



**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?

- |   |   |
|---|---|
| <input type="checkbox"/> none of the time     | <input type="checkbox"/> most of the time |
| <input type="checkbox"/> a little of the time | <input type="checkbox"/> all of the time  |

2. Do you have any concerns about the following issues for your child?

- |   |  |
|---|--|
| <input type="checkbox"/> development              | <input type="checkbox"/> being independent           |
| <input type="checkbox"/> ability to learn         | <input type="checkbox"/> learning self-care skills   |
| <input type="checkbox"/> falling behind in school | <input type="checkbox"/> the future                  |
| <input type="checkbox"/> sleeping                 | <input type="checkbox"/> making and keeping friends  |
| <input type="checkbox"/> loneliness               | <input type="checkbox"/> participation in activities |
| <input type="checkbox"/> behavior                 | <input type="checkbox"/> 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?

- |                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> yes | <input type="checkbox"/> no |
|------------------------------|-----------------------------|

5. Have you ever used the help of the care coordinator (by phone or in person)?

- |                                |  |
|--------------------------------|--|
| <input type="checkbox"/> never | <input type="checkbox"/> 1-3 times         |
| <input type="checkbox"/> once  | <input type="checkbox"/> more than 3 times |

Thank you!

