Triage Questionnaire for Routine Clinic Procedures

We are interested in helping your child's medical visit be a positive experience. We want to reduce any anxiety or discomfort your child may experience. Your answers to the questions below will help us tailor your child's visit to his/her individual needs.

Below is a list of items that **describe** *children. For each item that describes your child **now or within the past year**, please circle **2** if the item is **very true or often true** of your child. Circle **1** if the item is **somewhat or sometimes true**. If the item is **rarely or not true** of your child, circle **0**. Please answer all items, even if some do not seem to apply to your child.*

0 = Rarely True or Not True   1 = Somewhat or Sometimes True   2 = Very True or Often True

0   1   2   My child appears anxious or upset when waiting in public areas.

0   1   2   My child appears anxious or upset in situations that are unfamiliar or unexpected.

0   1   2   My child appears anxious or upset around unfamiliar adults.

0   1   2   My child appears anxious or upset around objects that are noisy, bright, flashy, scented, or textured (specify_____).

0   1   2   My child appears anxious or upset during routine doctor's visits.

0   1   2   My child appears anxious or upset when having blood pressure taken.

0   1   2   My child appears anxious or upset when undergoing physical examinations.

0   1   2   My child appears anxious or upset when having blood taken.

0   1   2   My child faints or becomes lightheaded at the sight of blood or needles.

0   1   2   When upset or anxious, my child's behavior may be unpredictable (for example, aggression, self-injury, tantrums)

0   1   2   In the past, my child's reaction to a routine medical procedure has resulted in injury to my child.

0   1   2   In the past, my child's reaction to a routine medical procedure has resulted in injury to others.

Please answer the following questions.
1. What do you typically do to help your child relax in stressful situations?

2. Please share any additional comments or concerns you have about your child's pending medical visit: