

Follow-up Parent Questionnaire for Routine Clinic Procedures

We are interested in learning about how your child tolerated his/her medical visit. Your answers to these questions will be used to improve the care of children and reduce discomfort and anxiety associated with medical visits.

Below is a list of items that describe a child's medical visit. For each item, think about your child's medical visit. Please circle 2 if the item is very true of your child. Circle 1 if the item is somewhat true. If the item is not true of your child, circle 0. Please answer all items, even if some do not seem to apply to your child.

0 = Not True 1 = Somewhat True 2 = Very True

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| 0 | 1 | 2 | My child tolerated waiting in the waiting and exam room. |
| 0 | 1 | 2 | My child was transitioned well between activities. |
| 0 | 1 | 2 | My child appeared comfortable with doctors and nurses. |
| 0 | 1 | 2 | The toys or items available were interesting to my child. |
| 0 | 1 | 2 | My child tolerated having blood pressure taken. |
| 0 | 1 | 2 | My child tolerated the physical exam. |
| 0 | 1 | 2 | My child tolerated having blood taken. |
| 0 | 1 | 2 | My child's behavior allowed him/her to remain safe and uninjured during the procedure. |
| 0 | 1 | 2 | My child's behavior allowed others to remain safe and uninjured during the procedure. |
| 0 | 1 | 2 | My child's discomfort and anxiety were reduced by the strategies used for this medical visit. |
| 0 | 1 | 2 | Overall, I was satisfied with the experience my child had today during this medical visit. |

Please answer the following questions.

1. What strategies used during this visit helped your child remain calm and relaxed?

2. Please share any comments or concerns: