

Appendix D. Clinical-Community Relationships Measures Instruments

Safety Check Parental/Guardian Post-Visit Survey

CCRM Atlas Measure(s): [1](#), [2](#), [3](#)

Contact Information:

Contact information unavailable.

Copyright Details:

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PARENT/GUARDIAN POST-VISIT SURVEY

Please answer before leaving your doctor's office.

1. What topics did your child's doctor discuss with you today? (please check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> TV/computer games/video watching | <input type="checkbox"/> Car seats/seat belts |
| <input type="checkbox"/> Discipline | <input type="checkbox"/> Smoking around your child |
| <input type="checkbox"/> Bike helmets | <input type="checkbox"/> Guns around children |
| <input type="checkbox"/> Drowning prevention | <input type="checkbox"/> Storing medicines or home cleaning products |
| <input type="checkbox"/> Reading aloud | <input type="checkbox"/> Child nutrition |
| <input type="checkbox"/> Family fights | <input type="checkbox"/> Regular exercise |
| <input type="checkbox"/> Care of teeth | <input type="checkbox"/> None of the above |

2. Did you receive a ... (check one box for each)

- | | | | | |
|---------------------------|--------------------------|-----|--------------------------|----|
| a. Recommendation Guide? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| b. Minute Timer? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| c. Cable Lock? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| d. Local Agency Referral? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

Please answer these next questions on a scale from 1-5, with "1" indicating "Not at all interested" and "5" indicating "Very interested. (check one box for each question)

3. How interested are you in ...

	Not at all interested	Somewhat interested	Neutral	Interested	Very interested	Doesn't apply
a. using the minute timer for time-out/cool-down periods?	<input type="checkbox"/>					
b. using the minute timer to limit media use?	<input type="checkbox"/>					
c. installing a cable lock(s) on gun(s)?	<input type="checkbox"/>					
d. following up on the local agency referral?	<input type="checkbox"/>					

4. How confident are you that you will be able to use a ...

	Not at all interested	Somewhat interested	Neutral	Interested	Very interested	Doesn't apply
a. using the minute timer for time-out/cool-down periods?	<input type="checkbox"/>					
b. using the minute timer to limit media use?	<input type="checkbox"/>					
c. a cable lock(s)	<input type="checkbox"/>					
d. local agency referral?	<input type="checkbox"/>					

Thank you! We'll contact you in 1 month and 6 months.

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