

Safety Check Practitioner Post-Visit Survey

CCRM Atlas Measure(s): [4](#), [5](#), [6](#)

Contact Information:

Contact information unavailable.

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PRACTITIONER POST-VISIT SURVEY

FOR THE PRACTITIONER:

Please answer these questions now that you are finished with this child's exam.

1. When was this patient's first contact with your practice? . / _____
Month Year

2. This patient is: (select best response)
- My primary care patient
 - In our practice
 - Self-referred (from another practice)
 - Referred by another provider
 - _____ Other:

3. What topics did you discuss today with this patient's family?
(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 |

4. Did you provide a . . . (check one box for each)

a. Recommendation Guide? Yes No

b. Minute Timer? Yes No

c. Cable Lock? Yes No

→ If yes, how many? _____

d. Referral? Yes No Unable (no appropriate resources in community)

→ If yes, what was it for? (check all that apply)

- Behavioral Problems
- Anger Management
- Other _____

→ If yes, to... (check all that apply)

- Mental Health Professional (e.g., psychologist)
- Parenting Classes
- Local Agency Resource (e.g., Boys & Girls Club)
- Other _____

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)

5. How interested do you think the family was in following your recommendations about ...

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

6. How confident were you in your ability to instruct this patient-family in the proper use of ...

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

PLEASE GIVE THIS SURVEY TO YOUR OFFICE COORDINATOR THANK YOU!