



PLEASE TAKE A FEW MINUTES TO ANSWER SOME QUESTIONS REGARDING YOUR EXPERIENCE WITH CHILDREN'S MENTAL HEALTH ISSUES. PLEASE NOTE THAT ALL OF YOUR RESPONSES WILL BE KEPT CONFIDENTIAL.

- In the past several months, what percent of patients coming to your office have presented with complaints related to mental health? _____ %
- Do you currently use a formal or published screening instrument to detect children with mental health complaints in your practice? Yes _____ 1 No _____ 2
(GO TO Q3)

↓

IF YES, which instruments do you use? _____

THE FOLLOWING QUESTIONS ASK ABOUT YOUR SKILLS AND KNOWLEDGE OF CHILDREN'S MENTAL HEALTH ISSUES.

- On a scale of 1 to 10, how would you rate your skills in diagnosing the following mental health issues in children?

	Not Very Skilled → Very Skilled										Don't Know
	1	2	3	4	5	6	7	8	9	10	DK
Attention problems or ADHD?	1	2	3	4	5	6	7	8	9	10	DK
Anxiety Disorders?	1	2	3	4	5	6	7	8	9	10	DK
Bereavement issues?	1	2	3	4	5	6	7	8	9	10	DK
Depression?	1	2	3	4	5	6	7	8	9	10	DK
Post Traumatic Stress Disorder or PTSD?	1	2	3	4	5	6	7	8	9	10	DK
Suicidal ideation?	1	2	3	4	5	6	7	8	9	10	DK

- On a scale of 1 to 10, how appropriate are the following actions by a primary care pediatrician who is assessing a child with an emotional issue?

	Not Very Appropriate → Very Appropriate										Don't Know
	1	2	3	4	5	6	7	8	9	10	DK
Establishing a diagnosis using DSM-IV criteria?	1	2	3	4	5	6	7	8	9	10	DK
Setting goals with the family?	1	2	3	4	5	6	7	8	9	10	DK
Scheduling a follow-up visit for an identified psychosocial problem?	1	2	3	4	5	6	7	8	9	10	DK

PLEASE SEE REVERSE SIDE TO CONTINUE



5. On a scale of 1 to 10, how would you rate your knowledge of the following clinical strategies used to address mental health issues in children?

	Not Very Knowledgeable → Very Knowledgeable										Don't Know
	1	2	3	4	5	6	7	8	9	10	DK
Bereavement Counseling?	1	2	3	4	5	6	7	8	9	10	DK
Use of Selective Serotonin Reuptake Inhibitors (SSRIs)?	1	2	3	4	5	6	7	8	9	10	DK
Use of stimulant or non-stimulant medications for ADHD?	1	2	3	4	5	6	7	8	9	10	DK
Cognitive-Behavioral Therapy?	1	2	3	4	5	6	7	8	9	10	DK

6. In the past several months, what percent of all patients coming to your office have an established diagnosis of a mental health disorder? %

7. Of children with an established diagnosis of a mental health disorder, what percent do you treat in your practice? %

8. Of children with an established diagnosis of a mental health disorder, what percent do you refer to mental health specialists including those you may have treated in your practice? %

9. If you refer children out to a mental health specialist, on a scale of 1 to 10, how would you rate your overall communication and care coordination with the mental health specialists to whom you refer children?

Very Poor	→	Excellent	Don't Know							
1	2	3	4	5	6	7	8	9	10	DK

10. On a scale of 1 to 10, how would you rate your awareness of the mental health resources in your area?

Not at All Aware	→	Very Aware	Don't Know							
1	2	3	4	5	6	7	8	9	10	DK

PLEASE CONTINUE TO NEXT PAGE



11. How likely are you to do the following?

	Strongly Disagree → Strongly Agree										Don't Know
	1	2	3	4	5	6	7	8	9	10	99
Use a diagnostic aid in evaluating an identified mental health problem (e.g., a depression or anxiety scale)	1	2	3	4	5	6	7	8	9	10	99
Elicit a trauma history	1	2	3	4	5	6	7	8	9	10	99
Recommend or provide cognitive behavioral therapy	1	2	3	4	5	6	7	8	9	10	99
Recommend or provide medication for depression	1	2	3	4	5	6	7	8	9	10	99
Provide bereavement counseling	1	2	3	4	5	6	7	8	9	10	99
Network with mental health specialists in my area	1	2	3	4	5	6	7	8	9	10	99
Schedule a follow-up appointment for psychosocial issues	1	2	3	4	5	6	7	8	9	10	99

12. In the past several months, what is the frequency that you initiated the following medications?

	Never	Rarely	Occasionally	Frequently
Stimulants	1	2	3	4
Atomoxetine	1	2	3	4
Clonidine	1	2	3	4
Tricyclics	1	2	3	4
SSRIs	1	2	3	4
Anxiolytics	1	2	3	4

THE FOLLOWING QUESTION IS ABOUT YOUR PRACTICE.

13. Does your practice have any of these mental health professionals on site?

	Yes	No	Don't Know
Psychologist	1	2	DK
Social Worker	1	2	DK
Psychiatric Nurse Practitioner	1	2	DK
Other [PLEASE SPECIFY BELOW]	1	2	DK

PLEASE SEE REVERSE SIDE TO CONTINUE



OFFICE USE ONLY
ID _____
PRACTICE _____

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS SURVEY.
PLEASE FAX THIS SURVEY USING THIS PAGE AS THE COVERSHEET.

To:	Danielle Laraque, MD, FAAP	From:	_____
Fax:	212-241-8738	Fax:	_____
Phone:	212-241-7886	Phone:	_____
Re:	RCI Follow-up Survey	Date:	_____
Pages:	4	CC:	_____