

POP Admission Survey

How many years old is your child today?

(If your child has not yet reached his/her first birthday, enter 0).

Parent completing survey

- ☐ Mother
☐ Father
☐ Other

If other, please specify

In the following questions, we will be asking about your child's overall health and development.

First, we would like to ask you about your child's health.

Is there a place your child usually goes when he/she is sick or you need advice about his/her health?

- ☐ Yes
☐ No

What kind of place does your child go to when he/she is sick or you need advice about his/her health?

- ☐ Doctor's office
☐ Hospital emergency room
☐ Hospital outpatient department
☐ Clinic or health center
☐ School (nurse's office, athletic trainer's office, etc.)
☐ Friend/relative
☐ Mexico/other locations out of US
☐ Some other place
☐ Does not go to one place most often
☐ Don't know

Is there a place that your child usually goes when he/she needs routine preventative care, such as a physical exam or a well-child check up?

- ☐ Yes
☐ No

What kind of place does your child go for routine preventative care?

- ☐ Doctor's office
☐ Hospital emergency room
☐ Hospital outpatient department
☐ Clinic or health center
☐ School (nurse's office, athletic trainer's office, etc.)
☐ Friend/relative
☐ Mexico/other locations out of US
☐ Some other place
☐ Does not go to one place most often
☐ Don't know

Do you have one or more persons you think of as your child's personal doctor or nurse?

- ☐ Yes
☐ No

Who is this person?

During the past 12 months, how many times did your child receive a well-child check-up, that is a general check-up, when he/she was not sick or injured?

During the past 12 months, how many times did your child visit a hospital emergency room?

During the past 12 months, how many times was your child admitted to the hospital (not including current admission)?

During the past 12 months, was your child admitted to the intensive care unit?

- ☐ Yes
☐ No

Has your child ever seen any of the following specialists? (Check all that apply.)

- ☐ Cardiologist
☐ Dermatologist
☐ Developmental/Behavioral Pediatrician
☐ Endocrinologist
☐ Gastroenterologist
☐ Hematologist
☐ Hepatologist
☐ Infectious Disease Specialist
☐ Nephrologist
☐ Neurologist
☐ Neurosurgeon
☐ Oncologist
☐ Orthopedic Surgeon
☐ Otolaryngologist (ENT)
☐ Pediatric/Trauma Surgeon
☐ Physical Medicine and Rehabilitation Physician/Physiatrist
☐ Plastic Surgeon
☐ Psychiatrist
☐ Pulmonologist
☐ Rheumatologist
☐ Sleep Medicine Specialist
☐ Transplant Surgeon
☐ Other

If other, please specify:

When was the last time your child saw a cardiologist?

- ☐ 0-1 month ago
☐ 2-3 months ago
☐ 4-6 months ago
☐ 7-9 months ago
☐ 10-12 months ago
☐ Longer than 12 months ago

When was the last time your child saw a dermatologist?

- ☐ 0-1 month ago
☐ 2-3 months ago
☐ 4-6 months ago
☐ 7-9 months ago
☐ 10-12 months ago
☐ Longer than 12 months ago

When was the last time your child saw a developmental/behavioral pediatrician?

☐ 0-1 month ago
☐ 2-3 months ago
☐ 4-6 months ago
☐ 7-9 months ago
☐ 10-12 months ago
☐ Longer than 12 months ago

When was the last time that your child saw an endocrinologist?

☐ 0-1 month ago
☐ 2-3 months ago
☐ 4-6 months ago
☐ 7-9 months ago
☐ 10-12 months ago
☐ Longer than 12 months ago

When was the last time your child saw a gastroenterologist?

☐ 0-1 month ago
☐ 2-3 months ago
☐ 4-6 months ago
☐ 7-9 months ago
☐ 10-12 months ago
☐ Longer than 12 months ago

When was the last time your child saw a hematologist?

☐ 0-1 month ago
☐ 2-3 months ago
☐ 4-6 months ago
☐ 7-9 months ago
☐ 10-12 months ago
☐ Longer than 12 months ago

When was the last time your child saw a hepatologist?

☐ 0-1 month ago
☐ 2-3 months ago
☐ 4-6 months ago
☐ 7-9 months ago
☐ 10-12 months ago
☐ Longer than 12 months ago

When was the last time your child saw an infectious disease specialist?

☐ 0-1 month ago
☐ 2-3 months ago
☐ 4-6 months ago
☐ 7-9 months ago
☐ 10-12 months ago
☐ Longer than 12 months ago

When was the last time your child saw a nephrologist?

☐ 0-1 month ago
☐ 2-3 months ago
☐ 4-6 months ago
☐ 7-9 months ago
☐ 10-12 months ago
☐ Longer than 12 months ago

When was the last time your child saw a neurologist?

☐ 0-1 month ago
☐ 2-3 months ago
☐ 4-6 months ago
☐ 7-9 months ago
☐ 10-12 months ago
☐ Longer than 12 months ago

When was the last time your child saw a neurosurgeon?

- ☐ 0-1 month ago
- ☐ 2-3 months ago
- ☐ 4-6 months ago
- ☐ 7-9 months ago
- ☐ 10-12 months ago
- ☐ Longer than 12 months ago

When was the last time your child saw an oncologist?

- ☐ 0-1 month ago
- ☐ 2-3 months ago
- ☐ 4-6 months ago
- ☐ 7-9 months ago
- ☐ 10-12 months ago
- ☐ Longer than 12 months ago

When was the last time your child saw an
otolaryngologist?

- ☐ 0-1 month ago
- ☐ 2-3 months ago
- ☐ 4-6 months ago
- ☐ 7-9 months ago
- ☐ 10-12 months ago
- ☐ Longer than 12 months ago

When was the last time your child saw a
pediatric/trauma surgeon?

- ☐ 0-1 month ago
- ☐ 2-3 months ago
- ☐ 4-6 months ago
- ☐ 7-9 months ago
- ☐ 10-12 months ago
- ☐ Longer than 12 months ago

When was the last time your child saw a physical
medicine and rehabilitation physician?

- ☐ 0-1 month ago
- ☐ 2-3 months ago
- ☐ 4-6 months ago
- ☐ 7-9 months ago
- ☐ 10-12 months ago
- ☐ Longer than 12 months ago

When was the last time your child saw a psychiatrist?

- ☐ 0-1 month ago
- ☐ 2-3 months ago
- ☐ 4-6 months ago
- ☐ 7-9 months ago
- ☐ 10-12 months ago
- ☐ Longer than 12 months ago

When was the last time your child saw a pulmonologist?

- ☐ 0-1 month ago
- ☐ 2-3 months ago
- ☐ 4-6 months ago
- ☐ 7-9 months ago
- ☐ 10-12 months ago
- ☐ Longer than 12 months ago

When was the last time your child saw a
rheumatologist?

- ☐ 0-1 month ago
- ☐ 2-3 months ago
- ☐ 4-6 months ago
- ☐ 7-9 months ago
- ☐ 10-12 months ago
- ☐ Longer than 12 months ago

When was the last time your child saw a sleep medicine specialist?

- ☐ 0-1 month ago
☐ 2-3 months ago
☐ 4-6 months ago
☐ 7-9 months ago
☐ 10-12 months ago
☐ Longer than 12 months ago

When was the last time your child saw an orthopedic surgeon?

- ☐ 0-1 month ago
☐ 2-3 months ago
☐ 4-6 months ago
☐ 7-9 months ago
☐ 10-12 months ago
☐ Longer than 12 months ago

When was the last time your child saw a plastic surgeon?

- ☐ 0-1 month ago
☐ 2-3 months ago
☐ 4-6 months ago
☐ 7-9 months ago
☐ 10-12 months ago
☐ Longer than 12 months ago

When was the last time your child saw a transplant surgeon?

- ☐ 0-1 month ago
☐ 2-3 months ago
☐ 4-6 months ago
☐ 7-9 months ago
☐ 10-12 months ago
☐ Longer than 12 months ago

If "other" was marked, when was the last time your child saw this other physician?

- ☐ 0-1 month ago
☐ 2-3 months ago
☐ 4-6 months ago
☐ 7-9 months ago
☐ 10-12 months ago
☐ Longer than 12 months ago

Has your child ever received any of the following therapies? (Check all that apply.)

- ☐ Behavioral therapy
☐ Feeding therapy
☐ Occupational therapy
☐ Physical therapy
☐ Speech therapy
☐ Talk therapy (with a social worker, psychologist, or psychiatrist)
☐ Other

If other, please specify:

When was the last time your child received behavioral therapy?

- ☐ 0-1 month ago
☐ 2-3 months ago
☐ 4-6 months ago
☐ 7-9 months ago
☐ 10-12 months ago
☐ Longer than 12 months ago

When was the last time your child received feeding therapy?

- ☐ 0-1 month ago
☐ 2-3 months ago
☐ 4-6 months ago
☐ 7-9 months ago
☐ 10-12 months ago
☐ Longer than 12 months ago

When was the last time your child received occupational therapy?

- ☐ 0-1 month ago
☐ 2-3 months ago
☐ 4-6 months ago
☐ 7-9 months ago
☐ 10-12 months ago
☐ Longer than 12 months ago

When was the last time your child received physical therapy?

- ☐ 0-1 month ago
☐ 2-3 months ago
☐ 4-6 months ago
☐ 7-9 months ago
☐ 10-12 months ago
☐ Longer than 12 months ago

When was the last time your child received speech therapy?

- ☐ 0-1 month ago
☐ 2-3 months ago
☐ 4-6 months ago
☐ 7-9 months ago
☐ 10-12 months ago
☐ Longer than 12 months ago

When was the last time your child received talk therapy?

- ☐ 0-1 month ago
☐ 2-3 months ago
☐ 4-6 months ago
☐ 7-9 months ago
☐ 10-12 months ago
☐ Longer than 12 months ago

Does your child receive home nursing care?

- ☐ Yes
☐ No

How many hours/week does your child receive home nursing care?

Has a doctor or other health care provider ever told you that your child has any of the following conditions?

- ☐ Anxiety problems
☐ Attention Deficit Disorder or Attention Deficit Hyperactive Disorder (ADD or ADHD)
☐ Autism or other autism spectrum disorder
☐ Behavioral or conduct problems
☐ Depression
☐ Developmental delay
☐ Epilepsy or seizure disorder
☐ Intellectual disability or mental retardation
☐ Learning disorder
☐ Other

If other, please specify:

Does your child take medications for behavior, attention, or mood problems?

- ☐ Yes
☐ No

Which medications?

Next, we will ask questions about how your child is doing at school.

Does your child attend school outside of your home?

- ☐ Yes
☐ No

What grade is your child in school?

- ☐ Kindergarten
☐ 1st Grade
☐ 2nd Grade
☐ 3rd Grade
☐ 4th Grade
☐ 5th Grade
☐ 6th Grade
☐ 7th Grade
☐ 8th Grade
☐ 9th Grade
☐ Other

If other, please specify:

Is your child in a Special Education Program?

- ☐ Yes
☐ No

Does your child have an IEP (Individualized Educational Program)?

- ☐ Yes
☐ No

What services and accommodations does your child receive in his/her IEP? (Choose all that apply.)

- ☐ Extended school year
☐ Feeding Therapy
☐ Occupational Therapy
☐ One-on-one aide
☐ Physical Therapy
☐ Social Skills Group
☐ Social Work
☐ Speech Therapy
☐ Other

Was your child in Early Intervention (before the age of 3 years)?

- ☐ Yes
☐ No

What services did your child receive through Early Intervention? (Check all that apply.)

- ☐ Developmental Therapy
☐ Feeding Therapy
☐ Nutritional Therapy
☐ Occupational Therapy
☐ Physical Therapy
☐ Social Work
☐ Speech Therapy
☐ Other

If other, please specify:

Over the past 12 months, how many school days did your child miss because of illness or injury?

Next, we will ask you about additional impacts that your child's health may have had.

How many other children live in your household?

In the past 12 months, on average, how many school days did each of these children miss due to your child's illness?

Child 1

Child 2

Child 3

Child 4

Child 5

Child 6

Child 7

Has your child's health conditions caused financial problems for your family?

☐ Yes
☐ No

Have you or other family members stopped working because of your child's health conditions?

☐ Yes
☐ No

Have you or other family members cut down on the hours you work because of your child's health?

☐ Yes
☐ No