



Bradley Hospital
A Lifespan Partner

Before PediPRN Provider Experience Survey

Thank you for your participation in our Before PediPRN Provider Experience Survey. This survey is part of our enrollment process. Therefore it is not anonymous. The goal of the survey is to gather information for program improvement and educational purposes.

Do you have access to the following services?	Yes	No
1) I have access to on-site, co-located and/or integrated behavioral health therapists.	<input type="radio"/>	<input type="radio"/>
2) I have access to on-site, co-located and/or integrated child psychiatrists.	<input type="radio"/>	<input type="radio"/>
3) I have access to an identified person other than through PediPRN who can assist with patients to connect with behavioral health services in the community.	<input type="radio"/>	<input type="radio"/>

Please indicate how much you agree or disagree with the following statements:	Strongly Disagree	Disagree	No Opinion	Agree	Strongly Agree
4) There is adequate access to child psychiatry for my patients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5) I am able to meet the needs of children with psychiatric problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6) When I need a child psychiatric consultation, I am able to receive one in a timely manner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I am comfortable...	Strongly Disagree	Disagree	No Opinion	Agree	Strongly Agree
7) identifying mental health screening measures.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8) using and interpreting mental health screening measures.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9) diagnosing patients with mild to moderate pediatric depression.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10) diagnosing patients with mild to moderate pediatric anxiety.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11) diagnosing patients with pediatric ADHD.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12) treating patients with mild to moderate pediatric depression.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13) treating patients with mild to moderate pediatric anxiety.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14) treating patients with pediatric ADHD.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15) prescribing neuroleptic medications (Seroquel, Risperdal, etc.).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please complete information on next page

How often do you...

	Daily	Weekly	Monthly	Rarely
16) screen for mental health issues in your practice?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17) diagnose mental health concerns in your patients?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18) prescribe medication for mental health concerns?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19) refer patients for mental health concerns?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20) encounter mental health challenges among your patients?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21) anticipate using PediPRN services?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Question and Comment

1) Are there particular areas of behavioral health that you would like training in? If so, please list.

2) Do you have any unanswered questions about PediPRN? If so, please list.

Please provide the following information, so that we may track data over the next year.

Your name: _____