

**TEEN AND TOT PROGRAM
STUDENT-RUN EXTENSION SERVICE**

DATE:

Patient Intake Survey

PARENT NAME:

CHILD NAME:

SECTION A: ABOUT YOU

1. What is the **primary health concern** bringing you in today and **who is it for?** (Free response)

2. **Why** did you come to our service today? **(CHECK ALL THAT APPLY.)**
 - My primary care doctor referred me or recommended that I come to this clinic
 - I could not get an appointment at my doctor or clinic's office fast enough
 - This clinic is open at a convenient time
 - This clinic is easier for me to get to
 - I need services available at this clinic that are not easily available elsewhere. If so, what services (please write): _____

3. In general, how would you rate your **overall health**?
 - Excellent
 - Very good
 - Good
 - Fair
 - Poor

4. In general, how would you rate your **overall mental or emotional health**?
 - Excellent
 - Very good
 - Good
 - Fair
 - Poor

5. In the last 12 months, how would you rate the overall **healthcare** you have received?
 - Excellent
 - Very good
 - Good
 - Fair
 - Poor

6. What is your preferred **language**? _____

7. Choose ALL the options that best describe **your race or ethnicity**:

- Caucasian
- Latino or Hispanic
- Black or African American
- Native American
- Asian or pacific Islander
- Other: _____

SECTION B: ABOUT YOUR CHILD

8. Who is the child's **primary caregiver**? _____

9. Choose ALL the options that best describe the **child's race or ethnicity**:

- Caucasian
- Latino or Hispanic
- Black or African American
- Native American
- Asian or pacific Islander
- Other: _____

10. What is the **highest level of education that the child's primary caregiver** has completed?

(Please choose ONE)

- Less than high school
- High School graduate or GED
- Technical/ trade school
- College graduate
- Graduate school
- Other: _____

11. How does the **child spend their day**? (Please check **ALL** that apply)

- Home with primary care giver
- Home with other family
- Home with Babysitter
- Day care
- At school

SECTION C: MORE ABOUT YOU

12. What is **your current occupational status**?

- Employed full time for pay
- Employed part time for pay
- Retired
- Unemployed
- Student
- Homemaker
- Disabled
- Other: _____

13. In the past year, what is **your approximate household income?**

- Less than \$15,000
- \$15,001 - \$30,000
- \$30,001 - \$60,000
- \$60,001 - \$100,000
- More than \$100,000

14. Including yourself, **how many people live in your household?** (PLEASE WRITE NUMBER.)

_____ adults (including yourself)

_____ children under the age 18

THANK YOU FOR VISITING US TODAY 😊

Name: _____

DOB: _____

DATE: ___/___/___

WE CARE SURVEY

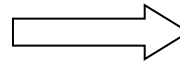
We want to make sure that you know all the community resources that are available to you. Many of these resources are free of charge. Please answer each question with an "X" and hand it in to your child's doctor at the beginning of the visit. Thank you!

1. Do you have a high school degree?

YES

NO

If NO, would you like help to get a GED?



YES

NO

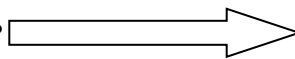
MAYBE
LATER

2. Do you have a job?

YES

NO

If NO, would you like help finding one?



YES

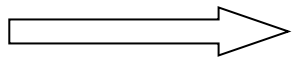
NO

MAYBE
LATER

3. Do you need daycare for your child?

YES

If YES, would you like help finding it?



YES

NO

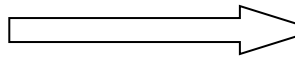
MAYBE
LATER

NO

4. Do you think you are at risk of becoming homeless?

YES

If YES, would you like help with this?



YES

NO

MAYBE
LATER

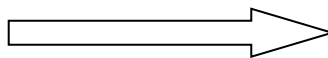
NO

5. Do you always have enough food for your family?

YES

NO

If NO, would you like help with this?



YES

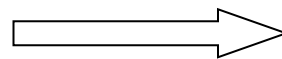
NO

MAYBE
LATER

6. Do you have trouble paying your heating bill for the winter?

YES

If YES, would you like help with this?



YES

NO

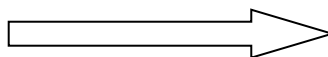
MAYBE
LATER

NO

7. Do you speak a language other than English at home?

YES

If YES, would you or a family member like help learning English?



YES

NO

MAYBE
LATER

NO

PROVIDER INSTRUCTIONS: If a parent has needs and wants help, please: **Print** a *WE CARE* community resource handouts from the **Forms section** in CPS.

Patient Satisfaction Survey for Student-Run Teen and Tot Service

Code #: _____

Place a \checkmark checkmark to indicate your answer.

BU Student Run Teen and Tot Service	Poor	Fair	Good	Very Good	Excellent
Hours/day of operation					
Wait time					
Friendliness of staff					
Amount of time with student doctor					
Amount of time with supervising doctor					
Overall experience with our service					

1. In the exam room, was it clear if you were talking to **student doctors**? Y/N _____

Interaction with Student Doctors	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
It was easy for me to understand what the student doctors talked about.					
The student doctors listened to what I had to say.					
The student doctors were respectful.					
The student doctors were knowledgeable about my health concerns.					

Interaction with the Supervising Doctor	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
It was easy for me to understand what the supervising doctor talked about.					
The supervising doctor listened to what I had to say.					
The supervising doctor was respectful.					
The supervising doctor was knowledgeable about my health concerns.					

2. Was the **health information you learned today from us** helpful for the reason(s) you came in today?

No Somewhat Definitely

3. On a scale of 1 to 10, how likely are you to use the health information you learned today from us in the future? (1= not likely at all and 10= extremely likely) _____

4. Would you **recommend** BU Student-Run Teen and Tot Service to a friend?

No Maybe Definitely

5. Additional Comments:

Thank you for your inputs! 😊

Student Pre and Post-Participation Survey

1. What year of medical school are you in?

Mark only one oval.

- M1/PA
- M2
- Other: _____

2. Have you participated in Teen and Tot Student Run Service before?

Mark only one oval.

- Yes
- No
- Other: _____

3. How well do you understand the various roles of healthcare professional team (e.g. physician, social work, patient navigator, medical students, etc)?

Mark only one oval.

- I don't know anything about roles
- I know what some members do
- I know what most members do
- I know what everyone does

Appendix D

4. How confident do you feel in your ability to do the following?

Mark only one oval per row.

	Not at all confident	Somewhat confident	Confident	Very confident	Extremely confident
Teach other students and teach adolescent parents about parenting, health issues, childcare and child development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Give age appropriate anticipatory guidance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lead others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. What is your understanding of routine pediatric medical care?

Mark only one oval.

- No understanding
- Some understanding
- Good understanding

6. What is your comfort level for each of the questions below?

Mark only one oval per row.

	Not at all confident	Somewhat confident	Confident	Very confident	Extremely confident
Interacting with pediatric patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interacting with adolescent mothers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Performing a pediatric physical exam	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Screening patients about sensitive topics (sexual health, domestic violence, homelessness, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Addressing needs of patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. Do you feel that throughout the pre-clerkship curriculum that you have received adequate real time feedback on write-ups, clinical exam skills, or presentations? (Please comment below)

8. Do you have any comments, questions, or concerns?

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