

Community Care Behavioral Health
Child Outcomes Survey:
Parent/Caregiver Feedback
Encuesta de Resultados de Niños

Child's 8-character Medicaid ID: _____

Today's Date: ___ / ___ / _____
Month Day Year

Therapist's Name: _____

1. Child's Gender: Female Male Prefer not to answer

2. Child's Ethnicity: Hispanic/Latino Non-Hispanic/Latino

3. Child's Race: Please mark one box. Please mark "other" if child is more than one race.

- Caucasian or white (Caucásico o blanco)
- African American or black (Afroamericano o Moreno)
- Asian, including South Asian or Indian (Asiático, incluye Sur Asiático o Indio)
- Native Hawaiian or Pacific Islander (Nativo de Hawái o de las Islas Pacíficas)
- Native American Indian, Native Alaskan or Inuit (Indio Nativo de América, Nativo de Alaska o Inuit)
- Other: *Please specify below* (Otro: **especifique:** _____)

Please specify multi-cultural races or other race here:

4. Child's County of Residence: _____

5. Managed Care Plan: _____

6. Axis I Primary Diagnosis: _____

7. Axis I Secondary Diagnosis: _____

8. Axis II Primary Diagnosis: _____

9. Axis II Secondary Diagnosis: _____

