

**Community Care Behavioral Health  
Child Outcomes Survey:  
Parent/Caregiver Feedback**

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 "multi-cultural" if child is more than one race.

- Caucasian or white
- African American or black
- Asian, including South Asian or Indian
- Native Hawaiian or Pacific Islander
- Native American Indian, Native Alaskan or Inuit
- Other: *Please specify below*

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: \_\_\_\_\_

Instructions for the caregiver:

Please rate your experience in the **PAST WEEK** by marking ONE response to each item below.

Please do not leave any question blank. You may write comments on this form.

For questions 10-11 below, **HOW SUCCESSFUL** was your **family** in the following important areas:

|   | Not at all            | Mildly                |                       |                       | Moderately            |                       |                       | Highly                |                       |                       | Extremely             |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|   | <u>0</u>              | <u>1</u>              | <u>2</u>              | <u>3</u>              | <u>4</u>              | <u>5</u>              | <u>6</u>              | <u>7</u>              | <u>8</u>              | <u>9</u>              | <u>10</u>             |
| 10. Working together in making decisions about how to solve problems? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 11. Providing support to each other?                                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

For questions 12-17 below, **HOW SUCCESSFUL** was your **child** in the following important areas of his/her life:

|  | Not at all            | Mildly                |                       |                       | Moderately            |                       |                       | Highly                |                       |                       | Extremely             |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|  | <u>0</u>              | <u>1</u>              | <u>2</u>              | <u>3</u>              | <u>4</u>              | <u>5</u>              | <u>6</u>              | <u>7</u>              | <u>8</u>              | <u>9</u>              | <u>10</u>             |
| 12. Getting along with family?                         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 13. Social life and getting along with friends?        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 14. Doing well at school (and/or work if appropriate)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 15. Completing household tasks?                        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 16. Providing self-care?                               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 17. Providing self-direction?                          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Please mark ONE response for the item below:

18. About how many days out of 14 in the past 2 weeks was your child able to carry out normal activities without significant problems caused by his/her symptoms (such as go to school, do homework or other tasks, play with friends, or play alone)?

|                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <b>0</b>              | <b>1</b>              | <b>2</b>              | <b>3</b>              | <b>4</b>              | <b>5</b>              | <b>6</b>              | <b>7</b>              | <b>8</b>              | <b>9</b>              | <b>10</b>             | <b>11</b>             | <b>12</b>             | <b>13</b>             | <b>14</b>             |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Days                  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | Days                  |                       |

For the following questions, please think about your child's last session. On a scale from 1 to 10, please mark ONE response for each item using the description that best fits your experience during **YOUR LAST SESSION**.

|  | <b>Not at all</b>     |                       |                       |                       | <b>Somewhat</b>       |                       |                       |                       | <b>Very Much</b>      |                       |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|  | <b><u>1</u></b>       | <b><u>2</u></b>       | <b><u>3</u></b>       | <b><u>4</u></b>       | <b><u>5</u></b>       | <b><u>6</u></b>       | <b><u>7</u></b>       | <b><u>8</u></b>       | <b><u>9</u></b>       | <b><u>10</u></b>      |
| 19. I felt understood and respected during the session.                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 20. We worked on goals that I thought were important.                      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 21. The way that treatment was delivered was a good match for my child.    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 22. I am confident that the work we are doing together will help my child. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

If this is your first survey, please check this box  and leave the following item blank. If this is not your first survey, please mark one response for the item below.

|   | <b>Not at all</b>     |                       |                       |                       | <b>Somewhat</b>       |                       |                       |                       | <b>Very Much</b>      |                       |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|   | <b><u>1</u></b>       | <b><u>2</u></b>       | <b><u>3</u></b>       | <b><u>4</u></b>       | <b><u>5</u></b>       | <b><u>6</u></b>       | <b><u>7</u></b>       | <b><u>8</u></b>       | <b><u>9</u></b>       | <b><u>10</u></b>      |
| We encourage providers and families to discuss the responses on this survey together but realize that those discussions can't always happen during the treatment session. |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| 23. Please rate the degree to which you discussed the information from your current or previous survey with your therapist.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |