

Coronavirus/Mental Health Form Outpatient Child/Adolescent Version

We are aware of the many mental health implications of the current situation involving the Coronavirus. This questionnaire will help us improve clinical care.

If you can fill out the survey please do so, otherwise a parent/guardian should fill out the survey, reflecting the experience of the **patient**.

Date of visit : _____

Who is filling out this survey? Choose one: Patient Parent/Guardian

1. Is your or your child's reason for seeking care today primarily a:

Medical Concern _____ Mental Health/Behavioral Concern _____ Both _____

2. Do you know anyone personally who has the Coronavirus (COVID-19)?

Yes _____ No _____

3. Do you think that the Coronavirus (COVID-19) played a role in your or your child's visit today?

Not at all _____ Somewhat _____ Yes, definitely _____

4. How do you think the Coronavirus (COVID-19) has increased your or your child's symptoms related to this visit?

PATIENT

Check all that apply:

| | |
|------------------------------|------------------------------------|
| More anxiety | More aggression |
| More depression | More family conflict |
| More symptoms of psychosis | More obsessive compulsive symptoms |
| More use of substances | More suicidal thoughts or behavior |
| More self-injurious behavior | It has not increased the symptoms |
| Other (please list) _____ | |

PARENT/GUARDIAN

| | |
|------------------------------|------------------------------------|
| More anxiety | More aggression |
| More depression | More family conflict |
| More symptoms of psychosis | More obsessive compulsive symptoms |
| More use of substances | More suicidal thoughts or behavior |
| More self-injurious behavior | It has not increased the symptoms |
| Other (please list) _____ | |

5. Has the Coronavirus (COVID-19) caused any changes or closings of your or your child's mental health or other health care providers?

Yes _____ No _____ Was not in treatment _____

6. If so, do you think the lack of access to care due to Coronavirus (COVID-19) led to you or your child needing to come to the current visit?

Yes _____ No _____

7. Did the Coronavirus (COVID-19) delay your or your child's coming to the this visit due to fears of getting exposed to Coronavirus (COVID-19)?

Yes _____ No _____

8. Has the Coronavirus (COVID-19) affected you or your child in any other ways?

PATIENT

Check all that apply:

- | | |
|------------------------------------------------------------|------------------------|
| Fear of getting infected or family getting sick | Lack of Structure |
| Inability to go places (restaurants, gym, vacations, etc.) | Boredom |
| Inability to access food, cleaning or other supplies | Financial concerns |
| More stress due to family members being home more | Inability to socialize |
| Needing to provide child care due to school closing | |
| Other (please describe) _____ | |
-

PARENT/GUARDIAN

Check all that apply:

- | | |
|------------------------------------------------------------|------------------------|
| Fear of getting infected or family getting sick | Lack of Structure |
| Inability to go places (restaurants, gym, vacations, etc.) | Boredom |
| Inability to access food, cleaning or other supplies | Financial concerns |
| More stress due to family members being home more | Inability to socialize |
| Needing to provide child care due to school closing | |
| Other (please describe) _____ | |
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9. Do you anticipate it will be difficult for you or your child to receive follow-up for your current health concern due to Coronavirus (COVID-19)

Not at all _____ Somewhat _____ Yes, definitely _____